

Employee leave request form

Please complete this form to request or update a leave of absence.

Requesting a: New leave request Update to existing leave

Employee information

1. First and last name: _____
2. Job title: _____
3. Supervisor name: _____
4. **Current base pay work schedule** (for each day, enter your base pay start time, end time and hours or off)

Day	Start time	End time	Total hours	Off
Saturday				<input type="checkbox"/>
Sunday				<input type="checkbox"/>
Monday				<input type="checkbox"/>
Tuesday				<input type="checkbox"/>
Wednesday				<input type="checkbox"/>
Thursday				<input type="checkbox"/>
Friday				<input type="checkbox"/>

While on leave contact details

5. **Contact information while on leave (phone/email):**

Primary phone: _____ Alternate (if applicable): _____

Primary email: _____

6. **Emergency contact (name and phone):**

Name: _____ Phone: _____

Leave options

7. Select the leave option(s) that apply to your request:

- Medical leave (for self)
- Family leave
 - Medical care leave to care for your parent, your child, or spouse who has a serious health condition. Enter relationship: _____
 - Medical care leave to care for other family with a serious health condition. Enter relationship): _____
 - Parental leave (bonding), enter birth date: _____
 - Military family leave
 - Personal safety leave
- Military leave (for self)
- Other (specify): _____

Leave dates

Leave dates must be the same as supporting documents (i.e., doctor's notes, etc.)

8. Type of leave requested: Continuous Intermittent Reduced schedule

If intermittent or reduced schedule, please explain: _____

9. Requested leave start date: ____/____/____ End date: ____/____/____

10. Expected return to work date: ____/____/____

Pay options and job protection

11. Your leave may be eligible for job protection and/or paid benefits in accordance to the Personnel Manual and MN state statutes. Benefits run concurrently and may not be stacked. Salary cannot exceed 100% of normal base pay.

- a) MN paid leave (runs concurrently with b, c, d, e)
- b) Salary continuation/short-term disability (city-paid benefit for self-medical only) (runs concurrently with a and c)
- c) Family and Medical Leave Act (FMLA) (federal job protection, runs concurrently with a and b)
- d) Parenting leave (city paid benefit) (runs concurrently with a and e)
- e) MN Parental Leave Act (job protection, runs concurrently with a and d)

If you wish to opt out of any of the above, please name the benefit and sign here:

Benefit: _____ Signature: _____

12. If there is a gap between the amount paid through other benefits and your regular base pay, you may opt to use your available accrued time (i.e., flex time, sick/vacation time, comp time, ESST, etc.) when eligible to help cover the difference.

- Yes, I would like to use my available accrued time during leave.
- No, I do not wish to use available accrued time.
- I'm unsure — please contact me to discuss options.

Benefit continuation

13. Health, dental, life, and flexible spending benefits continue during leaves. Your contribution to these benefits continues to be your responsibility.

_____ (initial) I understand that by electing to continue these benefits during my unpaid leave, I am assuming responsibility to pay any portion of premium payments normally paid by me to maintain such coverage. I further acknowledge that should I fail to return to work or return to work for fewer than thirty (30) days, following my leave, for a reason other than (1) the continuation, recurrence, or the onset of a serious health condition, affecting either myself or an eligible family member, which would otherwise entitle me to leave; (2) retirement; (3) or other circumstances beyond my control, I may be required to reimburse the City of St. Louis Park for its share of insurance premiums paid during my leave.

_____ (initial) If upon my return from leave, I have not fulfilled my premium payment responsibilities, I hereby authorize the City of St. Louis Park to deduct such payments from my paychecks or final paycheck in the event of a separation from employment.

Note: If you are enrolled in deferred compensation, you may pause your contribution by submitting a new deferred compensation form. After returning to work, resubmit.

Documentation

14. **Certification to support your leave request is required, such as:**

- Medical certification or doctor's note
- Birth certificate or adoption papers
- Military orders
- Death certificate or obituary
- Other relevant documents

Attached documents: Yes No Will submit later, enter date: _____

Additional comments:

Authorization

15. **Employee signature:** _____ **Date:** ____ / ____ / ____

Send this completed form and supporting document(s) to Human Resources/Leave Specialist (Barb Lamfers/HR Tech blamfers@stlouisparkmn.gov). You may work together to coordinate/supplement/substitute the MPL benefit with the use of parental leave, salary continuation/ short-term disability, or accrued leave as applicable.

Next steps in your leave request:

- 1) A response to your leave request will be issued within 5 business days.
- 2) Medical information will remain confidential between you and the Leave Administrator/Specialist. However, notice of your leave will be emailed to your supervisor and the Payroll Specialist to ensure your job duties and payroll are processed correctly during your leave. You will be copied on the communication.
- 3) To access MN Paid Leave Benefit, send the Notice and Proof of Claim to Symetra
 - by going online at www.symetra.com/MyGO, or
 - by fax to 877.737.3650, or
 - You can also contact Symetra by calling 877.377.6773.
- 4) When you apply for MPL, the Paid Leave Administrator/Leave Specialist receives a Request for Information from Symetra and responds within seven calendar days.
 - Symetra works directly with you and adjudicates claim for benefits.
 - You and the Paid Leave Administrator/Leave Specialist are notified of the decision by Symetra.
 - You will receive the MN Paid Leave payment directly from Symetra.
- 5) Your supervisor will process your leave time through the payroll timesheet process. The Leave Specialist will track the other pay supplements or substitution pay and benefit details that process through payroll.
- 6) You will keep the City of St. Louis Park informed (and Symetra if applicable) of any changes in your leave schedule.
- 7) Returning to work. Please notify Human Resources/Leave Specialist (and Symetra if applicable) 5 days before your return. A medical certificate showing your work eligibility may be required. The Leave Specialist will notify payroll and the supervisor. You will be included on the email notification.

Questions? Please contact the Leave Specialist in Human Resources directly at 952.924.2520 or blamfers@stlouisparkmn.gov