

Employee Leave of Absence Request Instructions

- Complete all applicable information for a request for leave of more than ten (10) consecutive workdays.
- Provide medical or other documentation with description of need (attach separate sheet if needed) when marked with asterisk (*). Human Resources may request additional information to determine appropriate leave of absence eligibility and/or verification.
- Required documentation **MUST** be submitted to Human Resources at least 15 calendar days of signing this form and taking leave.
- Advance notice of 30 days for a request for FMLA leave is required if leave is foreseeable, or as soon as practicable. Certified staff requesting leave for the following school year must submit forms by July 15th, except for emergency leave pursuant to Master Agreement Article IX.E.3.
- Return completed form with applicable signatures and required documentation to: Department of Human Resources, Attn: Anna Olson, Leave Specialist, 711 E. San Rafael, C/S, CO 80903, via email to anna.olson@d11.org, or via fax to 520-2156. To schedule an appointment to review your leave request, or for questions regarding your leave, please call 520-2185.

My initials below and signature here indicates that I understand: _____

_____ 1. It is my responsibility to contact Employee Benefits at 520-2178 for information regarding continuation of ANY district provided benefits while on ANY approved type of leave. Should I choose to continue health benefits on a self-pay basis, it is my responsibility to call Employee Benefits regarding options during unpaid leave and I acknowledge that I may be responsible for 100% of the premium for any District provided benefits while on an approved leave. I acknowledge that it may be necessary to complete new insurance forms to reinstate the district's contribution for my health benefits within 31 days upon returning from leave.

_____ 2. It is my responsibility to contact Payroll at 520-2196 to discuss ANY impact to my pay as a result of this leave request, including but not limited to: contract payout, pay docking, and changes in monthly rate of pay as a result of ANY unpaid leave. I understand that I may request a salary calculation worksheet detailing my monthly rate of pay after returning from an unpaid leave. I understand that I must contact Payroll to inform of any changes to my W4 or Direct Deposit forms upon my return from

_____ 3. For CERTIFIED employees only: I must inform Human Resources in writing no later than April 15 of my intention to return at the beginning of the school term following expiration of my leave. A teacher agrees **to** reimburse the District for the daily casual substitute rate for each additional day of Maternity/Adoption leave (up to 20 days), if applicable.

_____ 4. I certify that I agree to not accept any gainful and similar employment while on approved leave of absence.

_____ 5. I acknowledge that if I do not return to work on the originally scheduled return date, or upon expiration of FMLA, medical/leave of absence, I will be deemed to have voluntarily terminated employment with the District, unless I have submitted a request to the District and have been approved for an extension or such extension is permitted by other relevant policy or applicable law.

_____ 6. I acknowledge that I am aware that I will not have access to my District network /email /PeopleSoft Self-service account while on an unpaid leave. Once it has been confirmed that I have returned to work, I understand that I may not have network access for up to 24 hours.

_____ 7. I acknowledge that I am responsible for keeping my contact information up to date and correct with Human Resources, Payroll, Benefits, or other applicable department if any changes occur while on an approved leave

_____ 8. I acknowledge that, should I be granted sick leave from the Sick Leave Bank (Teachers Only), Donated Sick Leave programs, and at a later time should I be approved to receive long-term disability and/or worker's compensation payments for the days already granted, I will be required to reimburse the District for the equivalent monetary value of those days received, regardless of the amount of payments received from disability or worker's compensation.

_____ 9. I acknowledge that I must return District 11 building keys and access cards to my supervisor when I am placed on an Unpaid leave of absence.

_____ 10. I acknowledge that if I go out on an unpaid leave, my leave balance for the current school year will be prorated. If I do not return from the leave of absence, my last paycheck could be subject to dockings due to use of unearned sick leave.

_____ 11. It is my responsibility to contact the Employee Benefits Department at 520-2241 to review my eligibility for Short Term and/or Long Term Disability benefits while on an approved leave of absence.

_____ 12. An employee on an approved leave of absence of more than 2 consecutive days will be charged for the designated absences and will not receive an inclement weather day.

_____ 13. **MEDICAL RELEASE STATEMENT:** This serves as notification that for any approved medical leaves of absence, when your doctor releases you to return to work, Human Resources must have a written medical release statement from him/her. Please review your job description with your physician and secure a written medical statement from him/her. Your physician's statement should address your ability to perform the essential functions of the job as well as meet the physical demands of the job. The medical statement should also include whether there are any work restrictions and, if so, how long such restrictions are anticipated to be in effect. **Please provide the physician's medical statement at least five (5) business days prior to your anticipated return to work** so that if your doctor does place you on any type of work restriction(s), we can meet with your supervisor to discuss these prior to your return to work. Any disclosure of medical information will be kept in a confidential medical file.

Colorado Springs School District No. 11
Department of Human Resources

EMPLOYEE LEAVE OF ABSENCE REQUEST

(Application for leave of absence of more than ten consecutive (10) workdays)

Employee Name:		Employee Number:	
Job Title:	Work Location:	Home Email:	
Home Address:		Home Phone:	
City:	State:	Zip:	Cell Phone:

LEAVE REQUEST

Beginning Absence Date: _____ Anticipated Return to Work Date: _____

Full work day Partial work day _____ Number of hours per day: _____ (Indicate scheduling needs)

FMLA REQUEST FOR LEAVE

Medical	<input type="checkbox"/> Employee's own serious health condition (Provide medical statement or complete Form WH-380-E: Certification of Health Care Provider of Employee's Serious Health Condition which must be returned within 15 calendar days) <input type="checkbox"/> Serious health condition of an immediate family member for whom you must provide care (Provide medical statement or complete Form WH-80-F: Certification of Health Care Provider for Family Member's Serious Health Condition which must be returned within 15 calendar days) Relationship of family member: _____ <p>Note: FMLA Leave runs concurrent with available paid leave such as sick leave for up to 12 work weeks. If an employee exhausts available sick leave, he/she may request alternative paid leave options. Please select the option(s) you are applying for below:</p> <input type="checkbox"/> Sick Leave at half salary* (ESP & ExPro Employees only) <input type="checkbox"/> Donated Sick Leave <input type="checkbox"/> Sick Leave Bank (Teachers Only)
Maternity/Paternity/Adoption	<input type="checkbox"/> Employee's own Pregnancy (Provide medical statement or complete Form WH-380-E: Certification of Health Care Provider of Employee's Serious Health Condition which must be returned within 15 calendar days) <input type="checkbox"/> Birth or Adoption of Child Expected Birth Date of Child: _____ and/or Expected Date of Physical Custody: _____ <input type="checkbox"/> Parental Leave for Foster Care (Supporting documentation must be received within 15 calendar days.) Expected Birth Date of Child: _____ and/or Expected Date of Physical Custody: _____ <p>Note: Upon exhaustion of available sick leave, an employee may apply for additional applicable paid leave options pursuant to their corresponding Employee Class Handbook. Please select the additional paid leave option you are applying for below:</p> <input type="checkbox"/> Sick Leave at half salary* (ESP & ExPro employees only) <input type="checkbox"/> 20 Additional Days – Maternity/Adoption* (Teachers only)
Military	<input type="checkbox"/> Qualifying Exigency Leave (WH-384: Certification of Qualifying Exigency for Military Family Leave must be returned in 15 days). <input type="checkbox"/> Military Caregiver Leave (WH-385: Certification of Health Care Provider for Serious Injury/Illness of Covered Service Member for Military Family Leave must be returned within 15 calendar days)

ALTERNATIVE LEAVE OF ABSENCE REQUEST

Military Extended Leave – Paid* (Exchange teacher) Extended General 1-2 years* (15+ years employees and BOE approval required)
 Educational Leave Extended Leave for care of a family member (Teachers) * General Reason: _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Supervisor Notified on: _____ Notified By: _____

Upon receipt of this approval form, please review the information and contact Human Resources at 520-2185 if there are any questions and/or changes to your leave status.
FOR HUMAN RESOURCES USE ONLY

LEAVE APPROVED

EXTENSION FOR LEAVE BEYOND 1 YEAR APPROVED: _____

LEAVE APPROVED PENDING REQUIRED DOCUMENTATION: Please provide required documentation by _____:

Medical Statement or FMLA Certification Proof of Full-time Education Other: _____

FOR FMLA USE ONLY: THIS CERTIFIES AS YOUR FMLA DESIGNATION Eligible / Dates: _____

(Note: Approximate work weeks designated based on employee's contract days without holidays) Total Work Weeks: _____

Not Eligible – Employee did not work the required 1,250 hours and/or at least 1 year with CSSD 11 in the last 12 “rolling” months preceding start of leave.

Intermittent/Reduced Work Schedule (Because the leave may or may not be unscheduled, it may not be possible to provide you with the number of hours toward the FMLA leave entitlement; therefore, this may be requested once in a 30 day period. Medical recertification may be requested by the District every 30 days as appropriate.)

Fitness for Duty: You will be required to present a fitness-for-duty certificate to be restored to employment. If such certification is not timely received, your return to work may be delayed until certification is provided. A list of essential functions of your position is attached. The fitness-for-duty certification must address your ability to perform these functions.

HFWA/PSL

Pending Receipt of Return to Work Medical Release Statement (See #13 on page 1)

You are expected to return to work on: _____

(NOTE: Pursuant to: ESP Handbook Article 14.11, Master Agreement Article IX.E.4, Executive Professional Handbook Article 17, or FMLA Policy and Regulation GBGF/GBGF-R. Failure to return to work may result in termination of employment, or absence pay docking without available paid leave, new medical information, and/or other type of approved leave.)

LEAVE REQUEST DENIED:

EXTENSION FOR LEAVE REQUEST BEYOND 1 YEAR DENIED:

REASON: _____

_____The information provided is insufficient to determine your request for FMLA. You must submit additional information within 7 calendar days, unless it is not practicable under your circumstances, otherwise, this will be denied.

_____The District is exercising our right to have you obtain a second or third opinion medical certification at our expense, and we will provide further details at a later time.

Eligible paid leave:

Date from: _____ Date Through: _____

Unpaid leave:

Date from: _____ Date Through: _____
(Note: Unless otherwise instructed on the absence reporting guide below:
Do not report absences while on unpaid leave)

SEE ATTACHED ABSENCE REPORTING GUIDE:

Note: Reporting absences prior to _____ will alter this absence reporting guide.

Reporting absence code 043 – Leave without pay – will result in pay docking = the total hours reported times your hourly rate of pay.

Reporting absence code 022 – Maternity Leave – may result in pay docking of maximum of \$2300 (up to 20 days X \$115 current substitute daily rate)

Reporting absence code 021 – Additional Sick Leave at Half Salary (or as a result of absences changed from sick leave code 020 to code 021) – may result in pay docking of up to 20 days half salary. Reporting absence code CXC will result in pay docking of 1/3 your daily pay rate pursuant to FFCRA laws.

Human Resources Director Signature: _____ Date: _____

Required for BOE Recommendation: _____ BOE Reports Date(s): _____

PS Data Entry Date: _____ Online PERA Notification Date: _____

Additional signatures for Executive Professional requests only:

Deputy Superintendent, Personnel Support Services: _____ Date: _____

Superintendent: _____ Date: _____

CC: Supervisor and/or Principal, School/Site/Absence Leave Approver, Payroll, HR Staffing, Substitute Coordinator, Benefits