

REQUEST FOR LEAVE OF ABSENCE

City of Minneapolis Human Resources Department
Room 100 Public Service Center, 250 South 4th Street, Minneapolis, MN 55415-1339 (612-673-3982)

Please Type or Print in Ink (See back of form for instructions):

Employee Name:	Employee ID Number:
Department:	Division:
Leave Start Date:	Leave End Date:

What will your pay status be during this leave of absence? (Consult your department regarding relevant policies, rules and labor contract provisions)
 Without Pay (LOA) With Pay (Paid LOA) Partially with pay and partially without pay (Paid LOA)

Do you plan to take this leave intermittently?
 Yes No

IMPORTANT NOTE: Only certain leaves of absence may be taken intermittently instead of in solid blocks of time/consecutively. Please check with your immediate supervisor, your department's [HR Generalist](#), HRIS or Payroll representative or your Department Head regarding your department's policies, as well as any applicable ordinances, City policies, collective bargaining agreements, etc. regarding intermittent leaves. In some cases, budgetary leave may be taken intermittently.

TYPE OF LEAVE REQUEST (Check all that apply)

Leaves that require DEPARTMENT APPROVAL ONLY:

Budgetary (Your signature acknowledges that the approved request may only be rescinded with the written approval of the department head or designee. It further accepts that if the stated leave is not taken, the requested number of days not taken may be assigned by the department head or designee.)

Leaves that may require CIVIL SERVICE COMMISSION APPROVAL:

- Educational
- Medical or Disability Leave for Self (Not under the Family and Medical Leave Act (FMLA) - Attach medical verification)
- Military Leave (Attach Military Orders or other acceptable documentation)
- Personal Leave without Pay
- Paid Parental Leave (Complete this form only if you are not eligible for FMLA)
- Pregnancy and Parenting Leave (Under [MN Statute 181.941](#). Note: This leave will run concurrently with leave granted under the FMLA.)
- Bone Marrow Donation Leave (Under [MN Statute 181.945](#))
- School Conferences and Activities Leave (Under [MN Statute 181.942](#))
- To serve in an Elected or Appointed position
- To serve in a Union Position outside the City
- To become a Candidate for Public Office
- Olympic Competition
- Other (please specify)

Reminder for Employee Requesting Leave of Absence: Have you remembered to attach required medical reports/forms, military orders, or other documentation? If required documentation is not provided, the processing of your leave request may be delayed and/or not processed. (NOTE: Employees carrying a negative vacation balance will have their final paychecks adjusted accordingly. Check with your department payroll representative if you have questions about this.)

Employee Signature:		Date:	
DEPARTMENT APPROVAL: I approve the leave of absence requested above and certify that it is in accordance with Civil Service Commission Rules, State and Federal laws, collective bargaining agreements and submit this request for Human Resources/Civil Service Commission Approval.			
Immediate Supervisor/Manager Signature:		Date:	
Department Head or Authorized Signature:		Date:	
Department:		Division:	
FOR HUMAN RESOURCES DEPARTMENT USE ONLY:			
Human Resources Department Approval:		Date:	
Recommendation and Additional Facts:			

If approved by department authority, leave of absence information should be entered into HRIS system by department HRIS or Payroll Representative. Where necessary, a copy of the Request for Leave of Absence form should be sent to the HR Department for processing, approval and distribution of approved or denied forms. See back of form for detailed instructions for completing, distributing and processing this form.

DISTRIBUTION: Original: - Human Resources Department
Copies: Employee, Department Personnel File and Immediate Supervisor
Medical Related Information: Employee's Department Medical File

Entered into HRIS by:	Date:
Phone:	

INSTRUCTIONS FOR COMPLETING REQUEST FOR LEAVE OF ABSENCE

Employee Name (Required) - Full name of employee requesting a Leave of Absence.

Employee ID Number (Required) - Please indicate Employee Identification Number so we can update our records appropriately. This is requested for identification and HRIS entry purposes only.

Department (Required) - Department name such as Assessor, Finance & Property Services, Fire, Police, Public Works, etc.

Division (Where applicable): Division name such as Administration, Employee Services, Solid Waste and Recycling, etc.

Leave Start Date and Leave End Date (Required) - Indicate the dates that the leave is expected to start and end.

What will your pay status be during this leave of absence? (Required) - Check the appropriate box ("With Pay", "Without Pay," "Partially with pay and partially without pay." (**Note:** If you will be using accumulated sick leave, vacation or compensatory time during the leave, mark With Pay or Partially with and partially without pay box, whichever applies.)

Do you plan to take this leave intermittently? (Required) Yes or No. Please check the appropriate box. Also, be sure to read the "Important Note" concerning this option.

Type of Leave Request (Required) - Please check with your supervisor and/or your department Human Resources (HR), Personnel or Payroll Representative if you are not sure which box or boxes to check.

Leaves that require DEPARTMENT APPROVAL ONLY - Some leaves require only Departmental Approval and HR Department notification. These leaves are governed under City Ordinance or [labor agreements](#) (such as Budgetary Leave). Please check with your department HR Representative for clarification of which box or boxes you should check and what verifications (such as medical forms, etc.) are necessary.

Leaves that require CIVIL SERVICE COMMISSION APPROVAL - Please check the appropriate box to indicate the type of leave you are requesting. Check with your department HR (HR Generalist), HRIS or Payroll representative to determine what types of supporting documentation are required for the type of leave you are requesting. It may be necessary to refer to labor agreements and/or the Civil Service Rules to determine eligibility conditions for certain leaves.

Employee Signature (Required) - The employee who is requesting leave must sign and date this box.

Immediate Supervisor/Manager Signature (Optional) – Depending on department protocol, the immediate supervisor or manager of the employee requesting the leave of absence can sign and date the form. However, the Department Head (or designee) must sign the form for the Request for Leave of Absence to have received Department approval.

Department Approval (Required) - The department head or designee must sign and date and indicate the department and division of the employee requesting leave. (**Note:** Department approval should occur before original copy of the Leave of Absence form is sent to the HR Department.)

Attachments - Any medical leave requires [Employee Request for Sick Leave form](#) from physician.

PROCESSING PROCEDURES

1. EMPLOYEE requesting leave should submit all copies of this form to supervisor or other department authority, such as the Department Head.
2. DEPARTMENT SUPERVISOR or DEPARTMENT HEAD should forward signed form to Department HR Representative (such as the Department Personnel Representative, HR Generalist, or authorized HRIS Representative, depending on department policies and procedures).
3. DEPARTMENT HRIS Representative should enter the following into the employee's record in HRIS: Effective-Dated Action, Action Reason and Start and Expected Return Dates into the Job Data page, using the appropriate Action and Action Reason Codes as specified on other side of form. The HRIS Representative should then enter the leave of absence into the employee's Absence History page. (**Note:** Department approval should occur before entry into HRIS and/or the original copy of the Leave of Absence form is filed.)
4. DEPARTMENT HRIS Representative sends original copy of the Leave of Absence form to HR Department for review and approval (where applicable). For Leaves of Absence classified as Medical, medical related documentation should **not** be sent to Central HR. Rather this information should be kept in the employee's Department **Medical** File.
5. HR completes the approval process where necessary. If the request is not approved, staff in Central HR will change employee records and will return this document to the department who completed the Leave of Absence form.