

Waconia Public Schools

Leave of Absence Request

Name Today's Date

First Day of Leave Last Day of Leave Return to Position Date Total # Days

How do you intend to apply leave balances that are available to you while on leave?

- ☐ I will use my accrued leave balances (sick, personal, and/or vacation).
- ☐ I will use my accrued leave balances (sick, personal, and/or vacation) AND apply for MN Paid Leave to supplement my entire leave.
- ☐ I will apply for MN Paid Leave and NOT use any of my accrued paid leave through the District.

Please check the appropriate reason for your requested leave of absence:

- ☐ The birth of or bonding with a child, or placement of a child with you for adoption or foster care
- ☐ Your own serious health condition
- ☐ Because you are needed to care for your ☐ spouse ☐ child ☐ parent due to their serious health condition
- ☐ Because of a qualifying exigency arising out of the fact that your ☐ spouse ☐ child ☐ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves
- ☐ Because you are the ☐ spouse ☐ child ☐ parent ☐ next of kin of a covered service member with a serious injury or illness.

Please fully explain the reason(s) for the requested family or medical leave:

If the requested family or medical leave is to care for someone with a serious health condition, state that person's name and relationship to you (spouse, child, parent, next of kin):

If the requested family or medical leave is because of a qualifying exigency arising out of the fact that your spouse, child or parent is on active duty or call to active duty status in a contingency operation as a member of the National Guard or Reserves, please explain:

Employee Signature

Date

Supervisor Signature

Date

Human Resources Signature

Date

For Human Resources Use Only

The information below describes what is meant by a "serious health condition". Does the patient's condition qualify under any of the categories described? If so, please check the applicable category.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

DEFINITION OF SERIOUS HEALTH CONDITION

A "Serious Health Condition" means an illness, injury impairment, or physical or mental condition that involves one of the following:

1. Hospital Care: Inpatient care (an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity* or subsequent treatment in connection with or consequent to such inpatient care.

2. Absence Plus Treatment: A period of incapacity* of more than three consecutive calendar days (including any subsequent treatment or period of incapacity* relating to the same condition), that also involves:

(a) Treatment** two or more times by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a health care provider; or

(b) Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment*** under the supervision of the health care provider.

3. Pregnancy: Any period of incapacity* due to pregnancy, or for prenatal care.

4. Chronic Conditions Requiring Treatments: A chronic condition which:

(a) Requires periodic visits for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider;

(b) Continues over an extended period of time (including recurring episodes of a single underlying condition); and

(c) May cause episodic rather than a continuing period of incapacity* (e.g., asthma, diabetes, epilepsy, etc.).

5. Permanent/Long-term Conditions Requiring Supervision: A period of incapacity* that is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.

6. Multiple Treatments (Non-Chronic Conditions): Any period of absence to receive multiple treatments (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity* of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), and kidney disease (dialysis).

* "Incapacity," for purposes of a leave of absence, is defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefor, or recovery therefrom.

** "Treatment" includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical examinations, eye examinations, or dental examinations.

*** A "regimen of continuing treatment" includes, for example, a course of prescription medication (e.g., an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition. A regimen of treatment does not include the taking of over-the-counter medications such as aspirin, antihistamines, or salves; or bed-rest, drinking fluids, exercise, and other similar activities that can be initiated without a visit to a health care provider.