



Leave Request Form

HR Office:
702 3rd Ave South
Virginia, MN 55792 218.749.2912
or 800.662.5711

Employee Contact Information:

Name:
Phone Number:
Email address:
Job Title:
Department:

I am requesting leave for the following reason (i.e. medical leave for self or family member, appointment, active duty military leave, etc):

Start date of leave: _____ Will leave be intermittent: Yes No
Anticipated return to work date: _____

I will be applying for Minnesota Paid Leave benefits

I will not be applying for Minnesota Paid Leave benefits

I understand that applications must go through the state of Minnesota, and the state – not AEOA – will make a determination as to whether I qualify Paid Leave benefits, and the dollar amount of benefits I may be entitled to receive.

I understand that Minnesota Paid Leave will run concurrently with any other unpaid leave for which I am currently eligible for the same qualifying reason (such as, e.g., FMLA, Minnesota Parental Leave).

Supplementation of Paid Leave Benefits:

I understand that I may choose to use other available paid time off (such as PTO) to supplement any benefit amount provided by the state, up to 100% of my regular weekly income.

It is my intention to take PTO to supplement my Paid Leave payments during this leave.

I do I do not wish to take PTO to supplement my Paid Leave payments during this leave.

Benefit Premiums:

I understand that I will continue to be responsible for my portion of benefits-related premiums that are regularly deducted from my pay. To cover that responsibility, I choose:

To permit my benefit premiums to be deducted from any other paid time (such as PTO) that I elected to use as a supplement to the state Paid Leave benefit.

To make direct payments to AEOA during my leave, such as by way of check or other direct payment method, to cover my portion of my benefits premiums during this leave.



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I understand that I am required to notify my supervisor regarding my request for a leave and will stay in contact regarding my ability to return to work.

I will follow our current paid leave policy as outline in the Personnel Policy or CBA. Any unpaid leave request is subject to the approval of the Executive Director.

Employee Signature

Date

Please submit this completed form along with any supporting medical documentation directly to the Human Resources Department. Medical documentation needs to include the first day you are unable to work and the approximate length of the requested leave. Upon review of submitted information, the Human Resources Department will provide the employee with any additional information.

Please provide all information to:

Cathy Pazzelli
Director of Human Resources/Assistant Executive Director
Phone 218.748.7350
Fax: 218.749.2944
cathy.pazzelli@aeoa.org

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