



City of Eagan
REQUEST FOR LEAVE OF ABSENCE (LOA)
Specific Circumstances, Personal Leave, Child Care Leave,
or Leave Qualifying under FMLA

NAME: _____ EMPLOYEE ID: _____

POSITION: _____ DEPARTMENT: _____

IMMEDIATE SUPERVISOR: _____

REASON FOR LEAVE REQUEST:

- Personal Leave
Child Care Leave
FMLA for birth of child, or placement of a child with you for adoption or foster care
FMLA for your own serious health condition
FMLA to care for your spouse, child or parent with a serious health condition
FMLA for a qualifying exigency due to your spouse, child or parent on covered active duty status with Armed Forces
FMLA because you are a spouse, child or parent next of kin of a covered service member with a serious injury or illness
Other Specific Circumstances (i.e. Jury Duty, Military Leave, etc.)

PLEASE EXPLAIN: _____

EXPECT TO START LEAVE ON: ___/___/___ [] Actual Date [] Estimated Date

EXPECT TO RETURN TO WORK ON: ___/___/___ [] Actual Date [] Estimated Date

Full-Time/Part-Time Regular Employees eligible for Long-Term Disability (LTD) benefits:

- Leave of absence period will be or may be more than 30 calendar days
Leave of absence period will not be more than 30 calendar days

LOA POLICY ACKNOWLEDGEMENT & PAY CODE SCHEDULE:

- I have read the Leave of Absence Policy in the Employee Handbook, Section 16 regarding a Specific Circumstances, Personal Leave, Child Care Leave and a Leave under the Family & Medical Leave Act.
I have attached a LOA Pay Code Schedule of how I would like to use my accrued leave time and/or unpaid time, as allowed under the policy while I am out on a leave of absence.

SIGNATURES:

Employee: _____ Date: _____

Supervisor/Dept. Head: _____ Date: _____

Human Resources Rep: _____ Date: _____

ADDITIONAL APPROVAL FOR REQUESTS OVER 12 WEEKS:

City Administrator: _____ Date: _____