

St. Francis Area Schools

4115 Ambassador Boulevard NW, St. Francis, MN 55070
763-753-7040 • www.isd15.org

Leave Request Preapproval Form

ALL leave request forms must be sent to Joyce Froh in Human Resources AFTER immediate supervisor approval.

Name _____ Employee ID # _____

Building _____ Today's Date _____

Official Job Title _____ Phone Extension _____

Date(s) of Absence _____

Reason _____

Employee Signature _____
Type name + last four of SS#

Complete the following and submit to your supervisor for approval.

LEAVE REQUESTED (check one and provide all appropriate documentation to supervisor PRIOR to leave):

- Floating Holiday**
- Medical/Dental/Chiropractic Appointment**
Marked as SICK LEAVE on documentation
- Family Medical** (For 3 or more days)
Provide doctor orders stating reasons and duration
- Employee Medical** (For 3 or more days)
Provide doctor orders stating reasons and duration of medical leave
- Childcare/Maternity/Paternity**
Provide doctors orders related to the request; e.g. notification of pregnancy, anticipated delivery date
- Bereavement**
- Flex Time** (Bus Drivers Only)
- Jury Duty**
Provide copy of summons
- Election Judge**
- Military**
Provide copy of military orders

- Professional Leave**
Used to attend conferences or meeting pertaining to your current position in ISD 15, explain:

- Union Leave**, explain:

For individuals on the Teacher Contract ONLY

- Personal Leave - Teachers Only**
If using more than 32 consecutive hours, guidelines from contract must be followed. Article XIII, Section 4, Subd 3— “employed in the district for more than five years may request up to forty (40) consecutive hours...must be made in writing prior to September 15th, of the year for which the request is made. Teachers may use this exception once every seven years.”

Approved Denied

Supervisor _____ Date _____

Notes (Supervisor or Personnel): _____