



**EMPLOYEE LEAVE APPLICATION
MINNESOTA PAID LEAVE PROGRAM**

Date of Notification _____

Name _____

Address _____

Last 4 of SSN _____

Hours worked per week (average) _____

Overall Leave Dates _____

Will you be using Paid Time Off (PTO) During Leave _____

Will you be using Paid ESST During Leave _____

If using any PTO/ESST, please describe the number of hours _____

Reason for the Leave:

_____ **Medical** _____ **Family**

Will this be continuous, reduced or intermittent? _____

(Reduced = partial hours on a regular basis. Intermittent = irregular or unexpected)

A Copy of this was given to _____

Signed _____