



Leave of Absence eForm

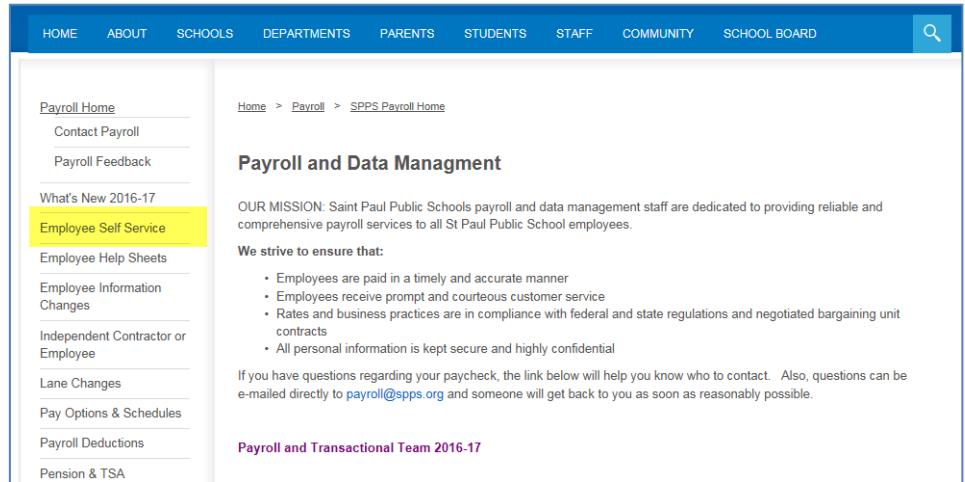
How to submit the Leave of Absence eForm

Leave of absence forms are now located in Employee Self Service.

You can access Employee Self Service from Payroll Home Page on the district website.

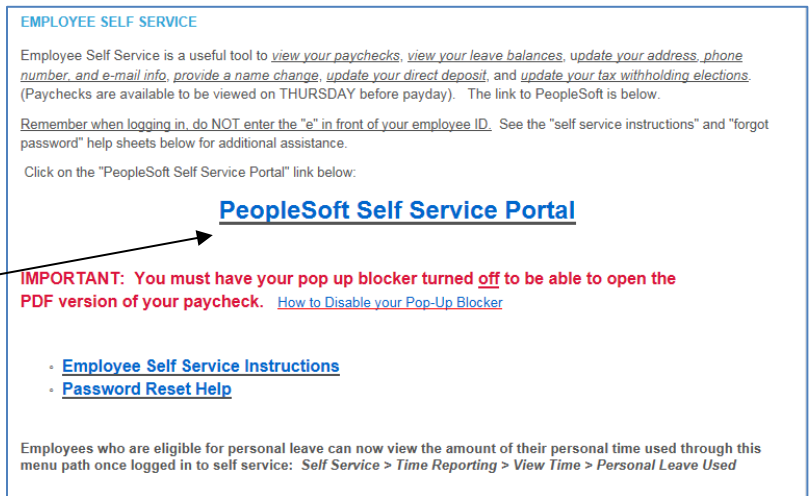
<http://www.spps.org/payroll>

Click the link on the left menu to get to the Employee Self Service home page.)



This will bring you to the home page under the Payroll website that provides the link to the Self Service portal. The home page also provides internet browser compatibility information as well as notifications when the site may be down for routine maintenance.

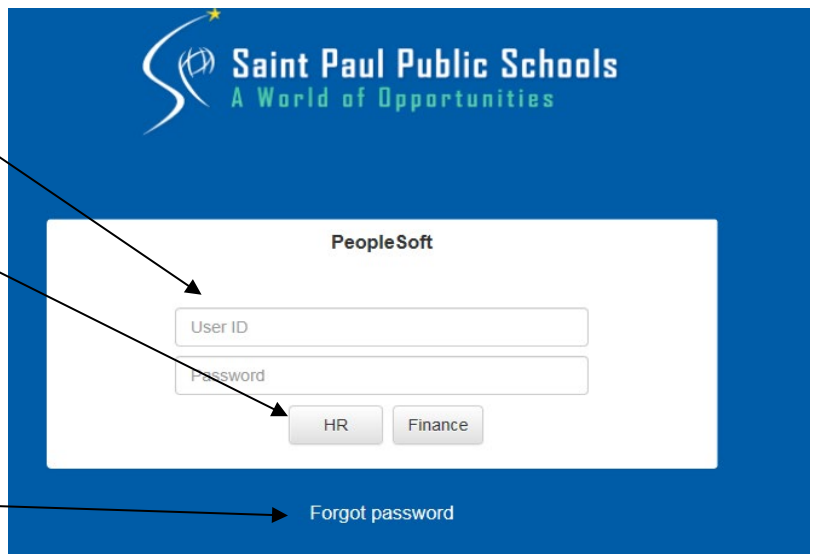
Click on the "PeopleSoft Self Service Portal" link



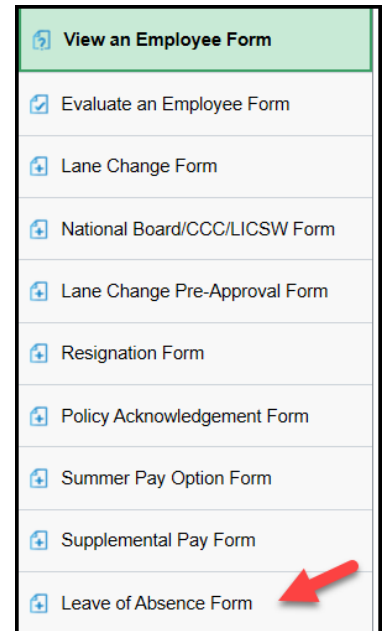
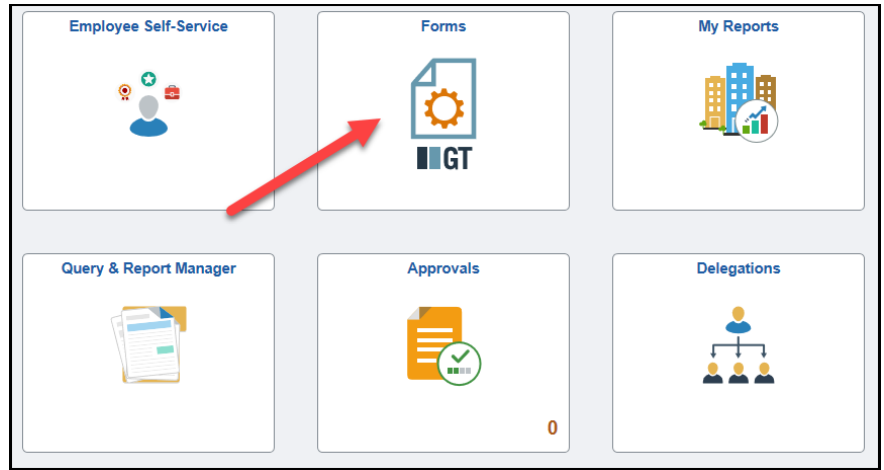
Type in your User ID and Password. Your User ID is your Employee ID *without* the "e" in front of it.

Click the HR button.

If you have forgotten your password, you can use the "forgot password link" if you have previously set up a security question. If you have not set up a security question, or if it is your first time accessing PeopleSoft Self Service, contact payroll for further assistance with getting your new password.



Once you have logged into the PeopleSoft Self Service Portal, you will can access the Leave of Absence eForm through the tiles on the Home Page. **Forms >Employee Forms > Leave of Absence Form.**



1. Select the type of leave
2. For FMLA leaves you will need to select the leave length
3. Enter the leave start date
4. Enter the leave end date
5. For FMLA leaves you can enter any additional vacation/personal hours you wish to use during your leaves
6. Some leave of absences require supporting documentation. If your leave of absence requires documentation the file attachment area will appear. Please use the drop down menu to select the type of document
7. Acknowledge the information you have provided is true and accurate
8. Click "Submit"

Leave of Absence Form : Leave of Absence Form Form ID 149268

Employee Information

Empl ID [REDACTED] Test, Mary Standard Hours 40.00

Job Code 955 Tch - Grade 1 Location Code 980 No Assigned Bldg - Misc

Supervisor ID Adoption or Foster Care Union Code 51 SPFE - Teachers

Charter School
Childcare

*Leave Type **Employee Medical** Leave Length [Dropdown]

Family Medical
General, Non-Compensatory
Military
Military - Family Medical Leave

Employee Medical

• [FMLA Certificate of Health Care](#) Benefits@apps.org as soon as possible
• Accumulated sick pay is available
• Once your accumulated sick pay is used, you will need to use personal/vacation days. Please provide the number of personal/vacation days below.
• After we have used accumulated sick pay, the remainder of your leave will be unpaid.

Military Exigency
Mobility
Parental
Pregnancy
Professional Training
Work Abroad

*Leave Start Date [Calendar] Leave End Date [Calendar]

Number of Personal/Vacation days you would like to use 0.00

File Attachments

Status	Action	Description	File Name	Delete
1	Upload	[Dropdown]		Delete

Add

Action Items

Acknowledgement

1 No Yes

I certify that the leave requested above is for the purpose indicated. I understand that I must comply with my Labor Agreement regarding the eligibility and procedures for a Leave of Absence and this request is subject to HR approval. In the event that I fail to follow all the provisions and requirements of the requested leave, I agree that my signature on this form constitutes my resignation from Saint Paul Public Schools and that this form will be submitted as my resignation to the Board of Education, and the Board of Education may discharge me without according me a hearing. As a Teacher, in the event of my failure to adhere to the provisions and requirements of this leave, I acknowledge that by signing this agreement, I am specifically, voluntarily, and intentionally agreeing to relinquish any and all tenure claims under Minnesota Statute 122A.41, with respect to my resignation.

Submit