

# Albany Area Schools ISD 745

A Community of Successful Learners

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Phone 320-845-2171 Fax 320-201-5878

Website: [www.district745.org](http://www.district745.org)



## LEAVE OF ABSENCE REQUEST TO BOARD OF EDUCATION

EMPLOYEE: Lori Young Date: 7-7-25

☒ Medical

☐ Self ☐ Spouse ☐ Child ☒ Other

You may receive paperwork for the Family Medical Leave Act that will request follow up information from your physician.

☒ Parental ☐ Personal

☒ Other *per email from Lori*  
Dates of leave: From Sep 2, 25 to Nov. 7, 25 - Return back to work on Nov. 10.

Additional comments or requests:

I would like to continue as Staff Dev. Coordinator, peer coach + PLC facilitator. I sent a letter with this information to adm. + the School board to be attached to this form, explaining the need for leave.

Please note that you will be asked for a "Return to Work Report" from your physician prior to your return.

Employee Signature: Lori K. Young Date: 7-7-25

Submit to Administrative Assistant - Superintendent's Office

Superintendent's Signature: [Signature] Approved: ☒ Yes ☐ No

Internal use: Consent Agenda: \_\_\_\_\_

☐ Report to TRA ☐ Enter in SMART ☐ Enter in AESOP

Copy to ☐ Employee ☐ Building Administrator ☐ Payroll Manager

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