



Notice of Intent to Collect Private Data

Your agency is requesting that you provide the private data listed below because you are requesting leave that may qualify for protection under the Family and Medical Leave Act (“FMLA”), Minnesota Paid Leave (“MPL”), other state or federal law, policy, collective bargaining agreement, or compensation plan. This notice explains why the private data is being requested, how the data will be used, who has access to the data, and what may happen if you do or do not provide the requested data.

Data Requested

You are being asked to provide the following data:

- The anticipated timing and duration of your requested leave of absence;
- Information sufficient to determine whether your need for leave qualifies for protection under the FMLA, MPL, other state or federal law, policy, collective bargaining agreement, or compensation plan;
- Information relating to a qualifying family member, as applicable;
- Information that may be requested in a Certification of Health Care Provider; Certification of Qualifying Exigency; Certification for Serious Injury or Illness of a Current Servicemember; Certification for Serious Injury or Illness of a Veteran; or other documentation sufficient to establish qualification for a leave of absence.

Use of Data

The data listed above will be used to determine whether you qualify for and, if so, to administer a leave of absence, including under the FMLA, MPL, and/or other leaves of absences as provided for under state or federal law, policy, collective bargaining agreement, or compensation plan.

Access to Data

The data that you provide may be shared with:

- Human Resources
- Exclusive representatives
- Minnesota Management and Budget
- ADA coordinator/staff
- Workers’ compensation personnel
- Authorized personnel whose jobs reasonably require access
- MPL personnel within the Department of Employment and Economic Development (“DEED”)
- Any other person or entity authorized by federal or state law to access the data, including but not limited to the Office of the Legislative Auditor, Office of the State Auditor, law enforcement, or others as authorized by a court order

Right of Refusal

You are not required to provide any of the requested data. If you do not provide the requested data, leave benefits may be denied or delayed for you. It is your responsibility to provide information and documentation sufficient to establish qualification for a leave of absence.

By signing this form, you acknowledge that you have received and understand the information above.

Signature

Requesting Agency Name: _____

Name: _____

Signature: _____ Date (mm/dd/yyyy): _____