

**Application and Guidelines for Family Medical Leave (FMLA/OFLA)**  
**Please read the reverse of this form for guidelines.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
School/Department

**I am requesting leave due to:**

**SERIOUS HEALTH CONDITION/ILLNESS\***

A serious health condition for myself.

Reason you need to be absent from work. \_\_\_\_\_

Date you learned of need for leave \_\_\_\_\_

Are you unable to perform essential functions of your job?  Yes  No

**OR**  A family member: (specify)

spouse  parent  parent in-law  son/daughter birthdate: \_\_\_\_\_

same sex domestic partner  grandparent  grandchild

If leave is to care for a family member, please give his/her name \_\_\_\_\_

Explain the reason for the need for leave and the care you intend to provide: \_\_\_\_\_

**CHILDBIRTH / ADOPTION/ PLACEMENT OF FOSTER CHILD**

Care of a newborn son or daughter?  Yes  No Expected date of birth \_\_\_\_\_

Adopting a child?  Yes  No Expected date of adoption \_\_\_\_\_

Placement of a foster child?  Yes  No Expected date of placement \_\_\_\_\_

Do you have a spouse employed by Roseburg Public Schools who is requesting time off for the same purpose?

Yes  No (Restrictions may apply OAR 839-009-0240. Contact HR Secretary.)

Expected leave start date: \_\_\_\_\_ Expected leave end date (if known): \_\_\_\_\_

Have you taken any of the above leave in the last 12 months? \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\*Any disclosure of medical information will be kept in a confidential file and will be used only to determine eligibility for OFLA/FMLA and to track leave.

## **Leaves covered by the Federal Family and Medical Leave Act (FMLA) and Oregon Family Medical Leave Act (OFLA)**

Complete this form at least 30 days prior to leave to ensure it is approved. In the event of a medical emergency or other unforeseeable event, you must complete the form as soon as possible.

These laws are not intended to cover minor conditions for which treatment and recovery are very brief.

A **Medical Certification Form** must be completed by a health care provider if the reason for your FMLA leave is for 1) your serious health condition; 2) pregnancy; or 3) family member with a serious health condition. Certification forms are not required if the leave is for 1) care of a newborn child; 2) placement/adoption/foster care of child. Certification forms are available from the Secretary to the Director of Human Resources.

**Use of accrued leave:** Employees are required to use all accrued leave [sick, vacation, discretionary, unpaid leave days] during FMLA/OFLA leave period prior to being placed on leave without pay.

**Are you requesting an intermittent or reduced hour schedule?** If yes, you must attempt to schedule leave to be least disruptive. (Family Medical Leave to care for a newborn must be taken in one block of time. It **may not** be taken intermittently or on a reduced hour schedule.)

### **Eligibility Rules**

#### **Family Medical & Leave Act (FMLA)**

Maximum Leave: 12 weeks in a 12-month period (12 consecutive weeks for foster care, adoption, or care for a newborn child in a 12-month period immediately preceding the birth or placement of the child.)

**Eligibility:** You must have at least 1 year of employment with Roseburg Public Schools; **and** during your last 12 months of employment prior to the leave request, you must have worked or been paid for at least 1250 hours. *Exempt classified* and licensed staff are not required to meet the hours test, but they must be working at least .5 FTE to qualify.

#### **Military Family Leave (FMLA)**

Eligible employees with a spouse, son, daughter, or parent on active duty or called to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12 week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

#### **Oregon Family Medical Leave (OFLA)**

Maximum Leave: 12 weeks in a 12-month period. Female employees are eligible for an additional 12 weeks in a 12-month period for pregnancy-related disabilities.

**Eligibility:** You must have been employed for the 180-day calendar period immediately preceding the leave and in most cases must also work at least an average of 25 hours per week during the 180-day period. Exempt classified and licensed staff are not required to meet the hours test, but they must be working at least .5 FTE to qualify. Employees are eligible for parental leave after being employed for 180 calendar days, without regard to the numbers of hours worked per week.

### **Examples of Serious Health Conditions Under FMLA**

- Inpatient care.
- Conditions requiring “constant” or “continuing” care.
- Permanent or long-term incapacity due to a condition for which treatment may not be effective, such as Alzheimer’s disease, a severe stroke, or terminal stages of a disease.
- Period of incapacity (“Absence Plus Treatment”) Incapacity for **more than three calendar days**, which also involves: (a) two or more treatments by a health care provider or (b) one treatment followed by a regimen of continuing treatment.
- Absences for pregnancy related disability.
- Absences for prenatal care.
- Absences for chronic conditions.
- Multiple treatments for conditions that if not treated would likely result in incapacity of more than three days.
- Critical illnesses or injuries diagnosed as terminal or which pose an imminent danger of death.