



Summary of Leave Options for Employees

Leave Type	Who's Covered	Purpose	Amount of leave available	Amount of benefit	Notes/Forms
Sick leave <i>Submit form to immediate supervisor</i>	All employees	Sick or to take care of someone (see WEA/OSEA bargaining agreements)	Based on contract, 1 day per month; cumulative	Paid at regular rate (hourly or per diem)	OFLA/FMLA can run in concurrently with sick leave Pre-Arranged Leave/Sub Request Form
Personal leave <i>Submit form to immediate supervisor</i>	Licensed, Classified, Confidential and other Non-Represented employees	Personal or emergency	3 days/year	Paid at regular rate (hourly or per diem)	Personal Leave connected to a break needs to be approved by HR All unused Personal Leave will be paid off at the end of the year. Pre-Arranged Leave/Sub Request Form
Vacation <i>Submit form to immediate supervisor</i>	For employees that work 240 days or more	Personal	Varies - per bargaining/work agreement	Paid at regular rate (hourly or per diem)	Must be approved by supervisor Pre-Arranged Leave/Sub Request Form
Sick Leave Bank (SLB) <i>Contact Union representative</i>	Must be a member of the Licensed or Classified SLB	Per WEA-OSEA Contract Language	TBD by WEA or OSEA	Paid at regular rate (hourly or per diem)	All accrued leave must be exhausted before SLB can be accessed.

Unpaid leave <i>Submit form to supervisor for signature, then submit to HR Office</i>	All employees	Out of Personal and Vacation leave	Refer to WEA/OSEA bargaining agreements	Unpaid	All available leave must be exhausted. HR Approval required. Unpaid Leave Request Form
OFLA <i>Submit form to HR Specialist.</i>	Employed at least 180 days prior to leave & work an average of 25 hours/week	Per Oregon law, serious health condition or parental leave	12 weeks	Required to use any paid leave available, then the remainder of the 12 weeks will be unpaid	Insurance benefits protected during this time Request for Family & Medical Leave Form Health Care Provider Certification Form Childcare/School Closure Verification Form
FMLA <i>Submit form to HR Specialist.</i>	Employed at least 12 months and worked 1250 hours in the year prior to the leave	Per federal law, serious health condition or parental leave	12 weeks	Required to use any paid leave available, then the remainder of the 12 weeks will be unpaid	Insurance benefits protected during this time Request for Family & Medical Leave Form Health Care Provider Certification Form

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