



REQUEST FOR LEAVE

(Oregon Paid Leave, FMLA and/or OFLA, BEREAVEMENT, OTHER)

PLEASE PRINT ALL BUT SIGNATURE

- Leave requests must be received in HR within 30 days of scheduled leave, or, if unexpected leave is requested, as soon as possible.
- Your request will be evaluated for Family Medical and/or Paid Leave Oregon. If you are not eligible for either of these due to time worked or reason for leave, you will be informed of this
- Complete the form and save a printed copy for your files. The form can be faxed or emailed to Madeline Block in Human Resources.

Name _____ **Contact #** _____
Building _____ **Job Title** _____
Date of Hire (if known) _____ **Have you taken leave in the past 12 months?** Yes No

Date Leave Begins: _____ **Date Leave Ends:** _____ **First Day Back at Work:** _____

If you are unclear about when you are returning, please explain in comment field below.

Comment: _____

Type of Leave and Requested Dates: Continuous **OR** Intermittent

Current Work Schedule:

Monday Tuesday Wednesday Thursday Friday **Hours per Day** _____
 Full time Part time **FTE** _____

CHECK THE APPROPRIATE BOXES BELOW - See page 2 for Eligibility and Explanation of a serious health condition for FMLA/Oregon Paid Leave/OFLA leave. Military leave is listed on page 3.

1. I request family or medical leave for one or more of the following reasons*:

My own serious health condition (see definition on pg. 2) – *Fitness for Duty will be required to return to work*

Family member (son/daughter, parent, legal spouse) with a serious health condition (see pg. 2).

Parent-in-law, grandparent/child or same-sex domestic partner with a serious health condition (see page 2)

Sick child under the age of 18 who does not have a serious health condition, but requires home care

Pregnancy (includes prenatal care, childbirth, and recovery) – *Fitness for Duty will be required to return to work*
Expected date of birth _____ Leave to start _____

Care for newborn, newly adopted or placed foster child under age 18, unless incapable of self-care due to disability

Age of child _____ Date of placement _____

For the death of a family member – Relation & Name _____

2. This is for a previously approved qualifying condition. Yes / No

3. I have a spouse who works for NSSD who is also requesting time off. Name of spouse: _____

4. This leave request does not qualify for any of the above reasons and I am requesting Superintendent approval.
Reason for request: _____

If approved for Paid Leave Oregon and/or FMLA and/or OFLA, you must attempt to schedule leave to be as least disruptive to the employer. Medical certification and/or Fitness for Duty certification may be required. (For Sick Child leave, medical certification may be required after

*See pages 2 and 3 for definitions.

OREGON PAID LEAVE

Purpose of Leave: Family Leave, Medical Leave, and/or Safe Leave

Eligibility for Leave: You work for an employer in Oregon and have earned at least \$1,000 the year before you apply for benefits.

Maximum Leave: 12 weeks (or 14 weeks for pregnancy-related conditions) of paid leave in a 52-week period (starting from the day their leave begins).

A qualifying leave occurrence under Oregon Paid Leave includes at least one of the following:

- **Family Leave**
 - Caring for and bonding with a child in the first year after:
 - Birth
 - Adoption
 - They're placed in your home through foster care
 - To care for a family member with a *serious health condition
- **Medical Leave**
 - A *serious health condition is an illness, injury, or physical or mental condition that:
 - Requires inpatient care
 - Poses an imminent danger of death or possibility of death in the near future
 - Requires constant or continuing care
 - Involves a period of incapacity
 - Involves multiple treatments
 - Involves a period of disability due to pregnancy
- **Safe Leave**
 - To care for yourself or your child if you or your child are survivors of sexual assault, domestic violence, harassment, and/or stalking.

* Complete definition of serious health condition can be found at:

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=304040>

Medical certification WILL be required for leave due to a medical condition. Medical certification of fitness for duty may be required upon an employee's return from FMLA due to his/her own serious health condition. If leave qualifies under the FMLA, OFLA, and/or contractual benefit provisions, its use is counted against applicable entitlements. Employees may be required to exhaust all accrued leave in accordance with collective bargaining agreements and personnel policies prior to being placed on leave without pay during FMLA/OFLA leave.

MILITARY LEAVE:

1. A qualifying exigency arising from an employee's spouse, son, daughter, or parent who is a covered servicemember as defined in GCBDA/GDBDA-AR(1), or leave for the spouse per each deployment of the spouse when the spouse has either been notified of an impending call to active duty, has been ordered to active duty, or has been deployed or on leave from deployment. (District: Use GCBDA/GDBDA-AR(3)(C) Certification Form)
2. To care for a spouse, son, daughter, parent, or next of kin⁵ who is a covered servicemember with a serious illness or injury incurred in the line of duty or active duty in the armed forces. Has leave been taken for the same servicemember and the same injury? Yes No (District: Use GCBDA/GDBDA-AR(3)(D) Certification Form) If yes, when was the leave taken and for how many workdays? _____

DEFINITIONS:

- “Family member,” Paid Leave Oregon has an inclusive definition of “family member.” A family member is any of the following:
 - Your spouse or domestic partner
 - Your child (biological, adopted, stepchild, or foster child), your spouse or domestic partner’s child, or the child’s spouse or domestic partner
 - Your parent (biological, adoptive, stepparent, foster parent, or legal guardian), the parent of your spouse or domestic partner, or your parent’s spouse or domestic partner
 - Your sibling or stepsibling or their spouse or domestic partner
 - Your grandparent or your grandparent’s spouse or domestic partner
 - Your grandchild or your grandchild’s spouse or domestic partner
 - Any person who you are connected to like a family member
- “Spouse” means individuals in a marriage including “common law” marriage and same-sex marriage. For OFLA, spouse also includes same-sex individuals with a Certificate of Registered Domestic Partnership.
- For FMLA, the age of the son or daughter at the onset of disability is not relevant in determining a parent’s entitlement to FMLA leave.
- “Next of kin” means the nearest blood relative of the eligible employee.

I understand that the district requires me to use any accrued sick leave, vacation, personal leave days or other paid time established by Board policy(ies) and/or collective bargaining agreement in the order specified by the district, and before taking leave without pay, for the family and medical leave period.

If my request for a leave is approved, it is my understanding that without an authorized extension when the need for an extension could be anticipated, I must report to duty on the first workday following the date my leave is scheduled to end. I understand that failure to do so will constitute unequivocal notice of my intent not to return to work and the district may terminate my employment.

A Fitness for Duty doctor’s release will be required if the employee’s condition was the reason for the leave. If so, I will return the completed form at least two work days prior to my return.

I authorize the district to deduct from my paychecks any employee contributions for health insurance premiums, life insurance or long-term disability insurance which remain unpaid after my leave, consistent with state and/or federal law.

I have been provided a copy of the district’s family and medical leave policy and a copy of my rights and responsibilities under the Family Medical Leave Act leave request form.

Signature of Employee: _____ Date: _____