



North Santiam School District 29J

Serving Lyons, Mehama, Stayton, and Sublimity

Leave of Absence Notification Form

Full Name:		Date:	
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Leave Type: Definition of Leave Type can be [found here](#)

- FMLA: Family Medical Leave Act
- OFLA: Oregon Family Leave Act
- PLO: Paid Leave Oregon

Leave Reason: Definitions of Reasons can be [found here](#)

- Medical Leave:** Medical Leave - Caring for your own serious health condition, including the insured's own medical treatment or injury due to domestic violence, harassment, sexual assault, or stalking.
- Family Leave:** Bonding with a child or caring for a family member with a serious health condition.
- Safe Leave:** Seeking other help related to domestic violence, harassment, sexual assault, or stalking including assisting a minor child/dependent related to an experience of domestic violence, harassment, sexual assault, or stalking.
- Other:** _____

Leave Duration:

- Consecutive:** On leave from the start date to the end date of your leave, without working at your job during that time. You might also say that you are on full-time leave.
- Intermittent:** Occasionally take days or weeks of leave between the start date and end date of your leave, but you also work at your job in between the start and end dates of your leave. *NOTE: Paid Leave Oregon payments are only approved for absent days taken in full-day increments.*

Leave Start Date*:		Leave End Date*	
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**Estimated if unknown at this time.*

Employee Signature

Date

1155 N 3rd Ave, Stayton, Oregon 97383

P: 503.769.6924 ~ F: 503.769.3578

www.nssd29j.org ~ communications@nsantiam.k12.or.us