



REQUEST FOR FAMILY AND MEDICAL LEAVE
Employee Request for Family and Medical Leave (FMLA)
And/or Oregon Family Leave (OFLA)

To be filled out when extended leave may be anticipated at least 30 days prior to the date of request unless circumstances prohibit.

PLEASE PRINT and complete the enter form.

Employee _____ Leave to Start _____ Leave to End _____
 If Intermittent leave is requested enter the times and dates. _____ Time of Day _____ Day of wk _____ # of Days Required _____

Department _____ Title _____
 Status _____ Full Time _____ Part Time _____ Temporary _____ Hire Date _____ Length of Service _____
 Have you taken a FMLA/OFLA leave in the past 12 months? _____ No _____ Yes

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

- ____ 1. Because of the birth of my child and in order to care for him/her. Expected or actual birth date _____
- ____ 2. Because of the placement of a child with me for adoption or foster care.
 Age of Child _____ Date of Placement _____
- ____ 3. In order to care for a family member with a serious health condition. You must submit "Physician or Practitioner Certification" within 15 days, failure to return in 15 days may disqualify you from FMLA/OFLA leave. You can obtain this from the HR department.

CHECK ONE: _____ Spouse, _____ Same-sex domestic partner (OFLA only), _____ Child (must be biological, adopted or foster child, child of same-sex domestic partner or stepchild or child with whom the employee is or was in a relationship of "loco parentis"), _____ Parent (biological or an individual who stood "in loco parentis" to an employee when the employee was a child, _____ Parent-in-law, parent of same-sex domestic partner, custodial parent, non-custodial parent, adoptive parent, foster parent (OFLA only), _____ Grandchild or Grandparent (OFLA only)

NAME: _____ RELATIONSHIP: _____

Describe serious health condition _____

- ____ 4. A serious health condition, which prevents me from performing my job functions You must submit "Physician or Practitioner Certification" within 15 days, failure to return in 15 days may disqualify you for FMLA/OFLA leave. You can obtain this from the HR department.

Describe serious health condition _____

- ____ 5. Military Leave: Qualifying employees may be able to take up to 26 workweeks to care for a military family member in active duty or called to active duty status with a serious illness or injury. You must submit "Physician or Practitioner Certification" within 15 days, failure to return in 15 days may disqualify you for FMAL/OFLA leave. You can obtain this from the HR department.

SERVICE MEMBER NAME: _____ RELATIONSHIP: _____

Describe serious health condition or injury: _____

- ____ 6. In order to care for your child with a condition requiring home care which does not meet the definition of serious health condition and is not life threatening or terminal (OFLA only)

CHILD NAME: _____ RELATIONSHIP: _____

Describe condition that requires leave _____

If my request for leave is approved:

- I understand that I must use accrued paid leaves during OFLA/FMLA leave. Employee may save up to five days of Sick Leave and three days of Personal Leave. I would like to save _____ # of Sick Leave days, and _____ # of Personal Leave days.
- I understand 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.
- I authorize the district to deduct from my paychecks any employee contributions for health insurance premiums and long-term disability, which remain unpaid after my leave, consistent with state and/or federal law. I understand that I may be liable for insurance premiums paid by my employer if I do not return to work. I understand that if I qualify for only OFLA that the employer does not have to maintain my health insurance.

I have been provided with the district's family and medical leave policy with this family and medical leave request form.

Signature of Employee _____

Date _____



Code: GCBDA/GDBDA
Adopted: March 16, 2004

Family Medical Leave *

The district will comply with all provisions of the Family and Medical Leave Act (FMLA) of 1993, the Oregon Family Leave Act (OFLA) of 1995, other applicable provisions of Board policies and collective bargaining agreements regarding family medical leave. In order for an employee to be eligible for the benefits under federal law, he/she must have been employed by the district for the previous 12 months and have worked at least 1250 hours during the past 12-month period. In order to be eligible under state law, an employee must work an average of 25 hours per week and have been employed at least 180 days prior to the first day of the family medical leave of absence. For parental leave purposes, however, an employee becomes eligible upon completing at least 180 days immediately preceding the date on which the parental leave begins. There is no minimum average number of hours worked per week when determining employee eligibility for parental leave. Federal and state leave entitlements generally run concurrently. The superintendent will develop administrative regulations as necessary for the implementation of the provisions of both federal and state law.

END OF POLICY

Legal Reference(s):

[ORS 332.507](#)

[ORS 342.545](#)

[ORS 659A.150 -659A.186](#)

[OAR 839-009-0200 to -](#)

[0320](#)

Americans with Disabilities Act of 1990, 42 U.S.C. Sections 12101-12213; 29 CFR Part 1630 (2000); 28 CFR Part 35 (2000).

Family and Medical Leave Act of 1993, 29 U.S.C. Sections 2601-2654; 29 CFR Part 825 (2000).

R4/1/02 | DT

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