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Shaping the future: Supporting excellence in education

EQUITY COMMITMENT LEADERSHIP COLLABORATION INTEGRITY

Request for Family and Medical Leave

Employee Request for Family and Medical Leave (FMLA) and/or Oregon Family Leave (OFLA)

PLEASE PRINT

Where the need for the leave may be anticipated, written request for family and medical leave must be made, if practical, at least 30 days prior to the date the requested leave is to begin. Failure to request leave in a timely manner could result in either the leave being postponed or the amount of leave available reduced up to three weeks.

Name _____ Effective Date of the Leave _____

Department _____ Title _____

Status: ☐ Full-time ☐ Part-time ☐ Temporary

Hire Date _____ Length of Service _____

Have you taken a family leave in the past 12 months? ☐Yes ☐No

If yes, how many work days? _____Reason for leave _____

I request family or medical leave for one or more of the following reasons:[1]

_____ 1. Because of the birth of my child and in order to care for him or her. (ESD: Use GCBDA/GDBDA-AR(3)(A) Certification Form)

Expected date of birth _____Actual date of birth _____

Leave to start _____ Expected return date _____

_____ 2. Because of the placement of a child with me for adoption or foster care. (ESD: Use GCBDA/GDBDA-AR(3)(A) Certification Form)

Age of child _____ Date of placement _____

Leave to start _____ Expected return date _____

_____ 3. In order to care for a family member[2] with a serious health condition. (ESD: Use GCBDA/2 GDBDA-AR(3)(B) Certification Form)

Leave to start _____ Expected return date _____

Please check one: ☐ Spouse, ☐ Same-sex domestic partner (OFLA leave only), ☐ Child, ☐ Child of Same-sex domestic partner (OFLA leave only), ☐ Parent, ☐Parent-in-law, ☐ Parent of employee's same-sex domestic partner, ☐ Custodial parent, ☐ Noncustodial parent, ☐ Adoptive parent, ☐Foster parent, ☐ Grandparent or ☐Grandchild (OFLA leave only.)

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[1]A physician's certification may be required to support a request for family and medical leave. In addition, a fitness for duty certification may be required before reinstatement following the leave.

[2]"Family member" means the spouse, same-sex domestic partner, custodial parent, noncustodial parent, adoptive parent, foster parent, biological parent, grandparent, parent-in-law, parent of employee's same-sex domestic partner or a person with whom the employee is or was in a relationship of "in loco parentis." It also includes the biological, adopted, grandchild or foster child or stepchild of an employee, child of same-sex domestic partner or a child with whom the employee is or was in a relationship of "in loco parentis."

Please state name and address of relation:

Name _____Address _____

Does the condition render the family member unable to perform daily activities? _____

_____4. For a serious health condition which prevents me from performing my job functions. (ESD: Use GCBDA/GDBDA-AR(3)(A) Certification Form)

Describe _____

_____

Leave to start _____Expected return date _____

Regarding 3 or 4 above, request intermittent (reduced workday hours) or reduced leave (fewer workdays each workweek) schedule or alternate duty (if applicable, subject to employer's approval). Please describe schedule of when you anticipate you will be unavailable to work: _____

_____5. In order to care for a 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 leave only).

_____6. A qualifying exigency arising from an employee's spouse, son, daughter, or parent who is a member of the National Guard or Reserve is on active duty, or has been notified of an impending call to active duty status, in support of a contingency operation. (ESD: Use GCBDA/GDBDA-AR(3)(C) Certification Form)

_____7. To care for a spouse, son, daughter, parent, or next of kin[3] who is a covered service member with 3 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 Service member and the same injury? ____ Yes ____ No (ESD: Use GCBDA/GDBDA-AR(3)(D) Certification Form)

If yes, when was the leave taken and for how many work days? _____

☐ I understand that I may use accrued paid leave, including personal and sick leave or accrued vacation leave for the family and medical leave period.

I would like to use: ☐ sick leave ☐ personal leave ☐ family illness leave ☐ vacation.

☐ I understand that only appropriate paid leave(s) will be used.

☐ 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 ESD may terminate my employment. (A fitness-for-duty statement may be required.)

☐ I understand that if I am unable to return to work when my FMLA/OFLA leave is exhausted I may request a leave of absence. It is up to the discretion of the district whether or not to allow me to extend my absence and/or when I may return to work after this leave.

☐ I authorize the ESD 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 ESD's family and medical leave policy and a copy of my rights and responsibilities under the Family Medical Leave Act leave request form.

Signature: _____Date:_____

[3]"Next of kin" means the nearest blood relative of the eligible employee.