

Employee Request for Family and Medical Leave

Includes Parental Leave, Family and Medical Leave (FMLA) and/or Oregon Family Leave (OFLA)

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.

PLEASE PRINT:

Name _____ Effective Date of the Leave _____

Position _____ Building _____

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 workdays? _____
Reason for prior 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.
Expected date of birth _____ (Actual date of birth _____)
Leave to start _____ Expected return date _____

____ 2. Because of the placement of the child with me for adoption or foster care.
Age of child _____ Date of placement _____
Leave to start _____ Expected return date _____

____ 3. In order to care for a family member² with a serious health condition.
Please check one: Spouse Child³ Parent Individual who was in *loco parentis* when the employee was a child
 Parent-in-law Parent of employee’s registered domestic partner Custodial parent Non-custodial parent
 Adoptive parent Stepparent Foster parent Grandparent (OFLA leave only) Grandchild (OFLA leave only)
Leave to start _____ Expected return date _____

Please state name and address of relation: _____

Does the condition render the family member unable to perform daily activities: Yes No

¹A 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” for purposes of FMLA and OFLA leave, means the spouse (individuals in a marriage, including “common law” marriage, same-sex marriage or same sex individuals with a Certificate of Registered Domestic Partnership), child of the employee (biological, adopted, foster or step child, a legal ward, or child of the employee standing “in loco parentis”), custodial parent, noncustodial parent, adoptive parent, stepparent or foster parent, biological parent, individual who was in loco parentis to the employee when the employee was a child, grandparent, grandchild, parents-in-law, or the parents of the employee’s registered domestic partner. For purposes of OFLA, leave for a serious health condition, sick child leave or leave for the death of a family member, “child” includes both minor and adult children.

³For FMLA, the age of the son or daughter is not relevant in determining a parent’s entitlement to FMLA leave.

___ 4. For a serious health condition which prevents me from performing my job functions. Describe:

Leave to start _____ Expected return date _____

Regarding 3 or 4 above, request intermittent (reduced workday hours) or reduced leave (fewer work days each work week) 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 covered service member as defined in GCBDA/GDBDA-AR, or leave for the spouse or domestic partner of military personnel per each deployment of the spouse or domestic partner when the spouse or domestic partner 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.

___ 7. To care for a spouse, son, daughter, parent, or next of kin⁴ who is a covered service member 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 service member and the same injury? Yes No If yes, when was the leave taken and for how many work days?

___ 8. For the death of a family member (OFLA only).

I understand that I must first use accrued paid leave, including sick leave, personal leave, and vacation leave for the family and medical leave period before using unpaid leave.

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 work day 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 statement may be required.)

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
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⁴“Next of kin” means the nearest blood relative of the eligible employee.