

Parkrose School District 3

Code: GCBDA/ GDBDA-AR(2)

Adopted: 04/24/00

Revised: 10/2004

Revised: 09/22/08

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Revised: April 2008

FMLA/OFLA Leave Request



Parkrose School District



Employee Name: _____

Position: _____ Location: _____

Home Address: _____

Reason for Leave:

- Parental Leave (birth or adoption of your child) – FMLA/OFLA
- Pregnancy Leave (includes prenatal care, childbirth, and recovery) – FMLA/OFLA
- Leave for your own serious health condition – FMLA/OFLA
(medical certification required)
- Leave to care for a family member with a serious health condition-FMLA/OFLA
(medical certification required) Spouse Child Parent
- Leave to care for an extended family member with a serious health condition – OFLA
(medical certification required) Parent-in-law Grandchild Grandparent

For leave to care for a sick child requiring home care (OFLA), please use Sick Child Leave Form.

You need this leave beginning on or about: _____

and expect the leave to continue until on or about (if known): _____

Type of Leave: Intermittent Continuous (required for Parental)

If intermittent, please indicate your scheduling needs: _____

Principal/Supervisor acknowledgement of alternative schedule: _____



I have been notified of my rights under the Family Medical Leave Act.
Please sign below and return to the Human Resources Office.

Signature _____ Date _____

CONFIDENTIALITY: Any medical information will be kept in a confidential file and will be used only to determine eligibility for OFLA/FMLA and to track leave.



FOR HR USE ONLY: Employee # _____ Hire date: _____

Hrs/day: _____ Days/year: _____ Hrs/Yr: _____

FMLA Eligible? Provisionally Yes No: _____

OFLA Eligible? Provisionally Yes No: _____

Date Medical Certification Received (if required) _____

Leave Hrs: Sick : _____ Business: _____

Family: _____ Vacation: _____

Hours paid leave available: _____ = _____ Days As of: _____

HR Approval: _____ Notice sent to employee: _____

Original – Human Resources Yellow – Payroll Pink – School/Department Gold/Red – Employee



Sick Child OFLA Leave

Parkrose School District



Employee Name: _____

Position: _____ Location: _____

I am requesting Sick Child Leave, as defined below*, to provide home care for my child. I understand that this leave will be charged to my leave balance. (Available family leave, sick leave, or personal business leave.) Note: if you have no available paid leave, you are still eligible for Sick Child Leave; however, the leave will be unpaid.

Date(s): _____

Eligibility for Sick Child Leave under OFLA:

I have been employed by the Parkrose School District for at least the last 180 calendar days?

Yes No:

I work an average of at least 25 hours per week, OR have worked 1250 hours in the past year?

Yes No:

If the answer to both questions above is "Yes," you qualify for Sick Child Leave under OFLA, and the absences noted above will be charged to your leave balance.

Please sign below and return to the school or department person in charge of leave tracking.

Signature _____ Date _____

School or Department Use:

I have verified OFLA eligibility, and recorded leave taken on the Employee Time Report.

Signature _____ Date _____

HR/Payroll Use: Employee #: _____ Paid leave available: _____

HR Verification

Signature _____ Date _____

Payroll Verification

Signature _____ Date _____

**Under the law, "sick child leave" is defined as leave "to care for a child of the employee who is suffering from an illness, injury or condition that is not a serious health condition but that requires home care." (ORS 659A.159)*

Original - Human Resources Yellow - Payroll Pink - School/Department Goldenrod - Employee