

# Parkrose School District 3

## ~~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 \_\_\_\_\_

~~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 a child with me for adoption or foster care. Age of child \_\_\_\_\_~~

~~Date of placement \_\_\_\_\_~~

~~Leave to start \_\_\_\_\_ Expected return date \_\_\_\_\_~~

~~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.~~

~~3. In order to care for a family member<sup>2</sup> with a serious health condition:~~

~~Leave to start \_\_\_\_\_ Expected return date \_\_\_\_\_~~

~~Please check one: \_\_\_\_\_ Spouse \_\_\_\_\_ Same sex domestic partner (OFLA leave only)  
\_\_\_\_\_ Child (including the biological, adopted or  
foster child, child of same sex domestic partner or stepchild of an employee or a child  
with whom the employee is or was in a relationship of "in loco parentis") \_\_\_\_\_  
Parent (biological parent of an employee or an individual who stood "in loco parentis" to  
an employee when the employee was a child) \_\_\_\_\_ Parent in law, parent of employee's  
same sex domestic partner, custodial parent, non-custodial parent, adoptive parent, foster  
parent (OFLA leave only.)~~

~~Please state name and address of relation:~~

~~Name \_\_\_\_\_ Address \_\_\_\_\_~~

~~Describe serious health condition \_\_\_\_\_  
\_\_\_\_\_~~

~~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). \_\_\_\_\_ Yes \_\_\_\_\_ No~~

~~Have you taken a family leave in the past 12 months? \_\_\_\_\_ Yes \_\_\_\_\_ No~~

~~<sup>2</sup> Family member means the spouse, same sex domestic partner, custodial parent, noncustodial parent, adoptive parent, foster  
parent, biological parent, 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 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."~~

If yes, how many workdays? \_\_\_\_\_

~~I understand that the district requires me to use any accrued sick leave, vacation, personal leave days or other paid time established by Board policy(ies) and/or collective bargaining agreement in the order specified by the district, and before taking leave without pay, for the family and medical leave period. 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.~~

~~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 with this family and medical leave request form.~~

Signature of Employee: \_\_\_\_\_

# 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: \_\_\_\_\_



# 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)*