



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. To be eligible, employee must have been employed by the Centennial School District for not less than 180 days and must work no less than 25 hours per week. Please attach additional information if necessary or pertinent.

_____	_____	_____	_____	_____
Last Name	First Name	Middle Initial	School/Building	Effective Leave Date
_____	_____	_____	_____	_____
ID Number	Hours per day		_____	_____
Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary			Hire Date	Length of Service

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

	Leave to Begin	Expected Return Date
1. Because of the birth of my child and in order to care for him or her. (District: Use GCBDA/GDBDA-AR(3)(A) Certification Form) Expected date of birth _____ Actual date of birth _____	____/____/____	____/____/____
2. Because of the placement of a child with me for adoption or foster care. (District: Use GCBDA/GDBDA-AR(3)(A) Certification Form) Age of child _____ Date of placement _____	____/____/____	____/____/____
3. In order to care for a family member ² with a serious health condition. (District: Use GCBDA/GDBDA-AR(3)(B) Certification Form)	____/____/____	____/____/____

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" means the spouse, same-gender domestic partner, custodial parent, noncustodial parent, adoptive parent, foster parent, biological parent, grandparent, parent-in-law, parent of employee's same-gender 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-gender domestic partner or a child with whom the employee is or was in a relationship of "in loco parentis."

Please check one: Spouse Same-gender domestic partner (OFLA leave only) Child³ Child of same-gender domestic partner (OFLA leave only) Parent Parent-in-law (OFLA leave only) Parent of employee's same-gender domestic partner (OFLA leave only) Custodial parent Noncustodial parent Adoptive parent Foster parent Grandparent or Grandchild (OFLA leave only).

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. (District: Use GCBDA/ GDBDA-AR(3)(A) Certification Form)
Describe _____

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 covered servicemember as defined in GCBDA/GDBDA-AR(1), or leave for the spouse or domestic partner of a 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. (District: Use GCBDA/GDBDA-AR(3)(C) Certification Form)
7. To care for a spouse, son, daughter, parent, or next of kin⁴ who is a covered servicemember 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 servicemember and the same injury? Yes No (District: Use GCBDA/GDBDA-AR(3)(D) Certification Form) 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 may use accrued paid leave, including personal and sick leave or accrued vacation leave (if applicable) for the family and medical leave period. If my request for FMLA is approved, I wish to use _____, in the following order:

Sick Leave Hours _____ Personal Leave Hours _____ Vacation Leave Hours _____

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 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.

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

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

I understand that if I do not return to employment, I am financially responsible for any and all unearned leave(s) and insurance benefits.

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: _____

Principal/Supervisor Approved: Yes No Signature: _____ Date: _____

Human Resources Approved: Yes No Signature: _____ Date: _____

OFFICE USE ONLY: Days Previously Used Under FMLA/OFLA _____ Sick Leave Hours Available: _____ Personal Leave Hours: _____ Vacation Leave Hours: _____
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Condensed FMLA/OFLA Leave of Absence Guidelines and Notice

For personal medical, family medical and parental leaves of absence, employees must complete the other side of this form, "Application for Family/Medical Leave of Absence." This provides an essential basis for determining if the leave qualifies for pay and benefits and if it qualifies for special leave status under federal and state laws. Failure to submit a completed leave request may result in delay or denial of leave.

Types of Medical and Family Leave of Absence:

1. **Medical (Personal)** - The employee's own serious health condition that makes the employee unable to perform the functions of his/her job, including incapacitation due to pregnancy. All regular full-time and part-time employees (25 hrs. or more/week) with a minimum of 12 months of service (1,250 hours for full time employees) and if at least 50 employees (FMLA guideline) or 25 employees (OFLA guideline) are eligible to request a medical leave. An employee should submit a completed Application for Family/Medical Leave of Absence form at least 30 days prior to the beginning of a foreseeable need for the leave. If that is not possible, then as much notice as practicable is required. The leave form should be given to the principal/supervisor for approval and forwarded to Human Resources. An employee may be required to furnish medical certification of the health condition to qualify for leave. The employee will be expected to return to work as soon as he/she is able, as determined by the physician. A statement from the physician releasing the employee to return to work is required. When substantiated by a physician's statement, a request for additional leave may be requested.
2. **Medical (Family)** - Care for a child, grandchild, spouse, domestic partner, adoptive parent, foster parent, biological parent, parent of same sex domestic partner, parent or parent-in-law of the employee with a serious health condition. All regular full-time and part-time employees (25 hrs. or more/week) with a minimum of 180 days of continuous service are eligible to request family leave. An employee should submit a completed Application for Family/Medical Leave of Absence form at least two weeks prior to the beginning of a foreseeable need for leave. If that is not possible, then as much notice as practicable is expected. The leave form should be given to the principal/supervisor for approval and forwarded to Human Resources. An employee may be required to furnish medical certification of the health condition to qualify for leave.
3. **Pregnancy** - Any period of incapacity due to pregnancy or for prenatal care.
4. **Parental** - Care of newborn infant, newly adopted child, stepchild or newly placed foster child. In adoption and foster care, leave may begin before taking physical custody, if it is needed to complete the custody process. All employees with a minimum of 180 consecutive days of service are eligible to request a parental leave for birth or adoption purposes. All regular full-time and part-time employees (25 hrs. or more/week) with a minimum of 12 months of service are eligible to request a medical leave. An employee should submit a completed Application for Family/Medical Leave of Absence form at least 30 days prior to the beginning of a foreseeable need for the leave. If that is not possible, then as much notice as practicable is required. The leave form should be given to the principal/supervisor for approval and forwarded to Human Resources. In the event of a premature birth, a parent may request revision of the parental leave dates based upon the approximate date, as determined by an attending physician when the child would attain the development stage equivalent to 12 weeks. The notice should be submitted within seven days of the birth and should be in writing.
5. **Chronic Conditions Requiring Treatments** - A chronic condition which:
 - a. Requires periodic visits for treatment by a health-care provider or by a nurse or physician's assistant under direct supervision of a health-care provider;
 - b. Continues over an extended period of time (including recurring episodes of a single underlying condition); and
 - c. May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc).
6. **Military Family Leave Entitlements** - Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

General Information

1. It is the responsibility of the employee to confirm issues regarding vacation, sick leave use, benefit plan premiums, benefit eligibility, and application for short-term disability when applicable. Information may be obtained from Human Resources.
2. Whenever applicable, family/medical leaves will be counted toward family and medical leave allowances under state, federal, or both types of leave laws.
3. Whenever applicable, you may be paid from your accrued but unused sick leave and, if you have no unused sick leave, from your accrued, but unused vacation (support staff employees), except for leave time that is payable under Workers' Compensation law.
4. If the leave is counted toward your family and medical leave allowance under federal law, you may continue group health insurance during this leave on the same basis as if you were actively working, but your portion of the premium payment, if any, must be received in the business office by the 15th of the preceding month. If you do not return from leave as scheduled, you may be required to repay health insurance premiums that the employer paid for your coverage during the leave, by payroll deduction or as otherwise mutually agreed.
5. At the end of the leave, if you are still within the applicable leave allowance under state or federal leave laws, you will be returned to the same or equivalent position as held before the leave began.
6. A complete copy of the FMLA/OFLA policy and administrative rule may be found in District Policy GCBDA/GDBDA and the associated administrative regulations.