

# Mosier Community School

Code: **GCBDA/GDBDA-AR(2)**  
Revised/Reviewed: 1/21/16; 12/13/17

## Employee Request for OFLA Leave

PLEASE PRINT

Where the need for the leave may be anticipated, written request for OFLA leave must be made, if practical, at least 30 days prior to the date the requested leave is to begin. Failure to provide timely notice could result in the public charter school reducing the available OFLA leave by 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 OFLA leave for one or more of the following reasons:<sup>1</sup>

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 \_\_\_\_\_

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<sup>3</sup>  same-gender domestic partner  parent (biological parent of an employee or an individual who stood "in loco parentis" to an employee when the employee was a child)  child (including the biological, grandchild, adopted or foster child, child of same-gender 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-in-law  parent of employee's same-gender domestic partner  custodial parent  noncustodial parent  adoptive parent  stepparent  foster parent  grandparent  grandchild

<sup>1</sup>A physician's certification may be required to support a request for OFLA leave. In addition, a fitness-for-duty certification may be required before reinstatement following the leave.

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

<sup>3</sup>"Spouse" means individuals in a marriage, including "common law" marriage, same-sex marriage or same-sex individuals with a Certificate of Registered Domestic Partnership.

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 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.  Yes  No

Have you taken OFLA leave in the past 12 months?  Yes  No

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

6.  Leave for the spouse of a military personnel when they have been notified of an impending call to active duty, ordered to active duty, has been deployed or is on leave from deployment.

7.  For the death of a family member.

I understand that the public charter school requires me to use any available accrued sick leave, vacation, personal leave days or other available paid time established by Board policy(ies) in the order specified by the public charter school, and before taking leave without pay, for the 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 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 public charter school may terminate my employment.

I authorize the public charter school 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 law.

I have been provided a copy of the public charter school's family and medical leave policy with this OFLA leave request form.

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

Date: \_\_\_\_\_