

**North Powder
School District 8J**

Code: **GCBDA/GDBDA-AR(2)**
Revised/Reviewed: 12/19/06; 8/23/16

Request for Family and Medical Leave
Employee Request for Oregon Family Leave Act (OFLA)

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 district 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 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 _____
- _____ 3. In order to care for a family member² with a serious health condition.
- Leave to start _____ Expected return date _____

¹A 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.

²"Family member" means the spouse, 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, biological parent, adoptive parent, stepparent or foster 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.

Please check one: spouse³ child (including the biological, grandchild, adopted, foster child 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), custodial parent noncustodial parent biological parent adoptive parent stepparent or foster parent grandparent parent-in-law or parent of the employee’s registered domestic partner grandchild

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 (OFLA leave only). __ 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, or has been deployed or on leave from deployment.

_____ 7. The death of a family member⁴.

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(los) and/or negotiated 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.

_____ ³“Spouse” means individuals in a marriage, including “common law” marriage, same-sex marriage or same sex individuals with a Certificate of Registered Domestic Partnership.

⁴Must be completed within 60 days of the date on which the eligible employee received notice of the death of the family member.

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 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: _____	Date: _____
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