

# Pleasant Hill School District 1

Code: GCBDA/GDBDA-AR(2)  
Adopted: 1/10/00

## 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:<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 my spouse, child, parent or parent in-in-law with a serous health conditions.

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

Please check one: \_\_\_ Spouse \_\_\_ Child \_\_\_ Parent \_\_\_ Parent-in-law (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 \_\_\_\_\_

<sup>1</sup>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.

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 a family leave in the past 12 months? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, how many workdays? \_\_\_\_\_

I understand that I may use accrued paid leave, including sick leave or accrued vacation leave 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 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.

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: _____ Date: _____
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