Willamette
EDUCATION SERVICE DISTRICT

Code: **GCBDA/GDBDA-AR(2)**
Revised/Reviewed: 7/12/05; 8/12/08; 6/09/09; 6/22/10; 1/07/14; 10/06/15; 4/05/16

HUMAN RESOURCES ONLY

Leave Request: ☐ FMLA ☐ OFLA ☐ Both
Employee Eligible: ☐ Yes ☐ No
☐ Original Request ☐ Revision ☐ Cancellation

Receipt by HR: _________________

Request for FMLA/OFLA Leave

INSTRUCTIONS FOR EMPLOYEES: See page 2 of this form for explanation of qualifications for Oregon Family Medical Leave (OFLA) or Federal Medical and Family Leave Act (FMLA). If you have questions, call Human Resources for assistance (503-385-4706). This leave request must be complted if leave is used under the OFLA/FMLA. All leave qualifying as OFLA and/or FMLA will be counted as such.
Sign and submit all copies of this completed leave request to you supervisor.

Name: ______________________________ Contact # ______________________________
Department: ______________________________ Job Title: ______________________________
Supervisor: ______________________________ Date of Hire: ______________________________

Work Schedule:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday Hours per Day: ____________________
☐ Full-time ☐ Part-time FTE: ____________________
Begin Leave: ____________________ ***End Leave***: ____________________
☐ Continuous **OR** ☐ Intermittent
Have you taken family leave in the past 12 months? ☐ Yes ☐ No If yes, previous date: ____________________

Please indicate the reason for leave: ***(See page 2 for qualifying events)***

- ☐ My own serious health condition (employee must turn in the "WESD Release to Work Authorization" form **prior** to returning to work)
- ☐ Family member's serious health condition, please identify family member: ____________________
- ☐ Sick child
- ☐ Parental leave
- ☐ Pregnancy, please identify due date: ____________________
- ☐ Family member injured while on active military duty
- ☐ Qualifying exigency related to family member's active duty military call-up
- ☐ Bereavement leave for death of a family member

Confidentiality: Any disclosure of medical information will be kept in a confidential file and will be used only for determining eligibility for OFLA/FMLA and tracking of leave.

FMLA/OFLA leave requests must be received in Human Resources within 30 days of scheduled leave or if unexpected leave is requested, as soon as possible.

Employee Signature: ______________________________ **Date:** ____________________

INSTRUCTIONS FOR COMPLETION:
1. Ensure all applicable parts of the form are completed. Questions? Call 503-385-4706.
2. Fax signed form to Human Resources IMMEDIATELY at 503-363-5787.

ELIGIBLE EMPLOYEES

OFLA: Employees who worked for a period of 180 calendar days immediately preceding the date leave begins, AND worked an average of 25 hours per week during the 180 day period (unless parental leave)

- ➢ Exception 1: For parental leave, workers are eligible after being employed for 180 calendar days, without regard to the number of hours worked.

- ➢ Exception 2: For Oregon Military Family Leave, eligible workers must work for an employer an average of at least 20 hours per week, without regard to the number of days worked.

FMLA: Employees who worked for a total of at least 12 months (not necessarily consecutive) AND worked at least 1250 hours during the 12 month period

A) OFLA/FMLA QUALIFYING EVENTS LIST

- ○ Pregnancy Leave - taken prior to birth of child.
- ○ Parental Leave - Adoption of a child up to age 18 (or older than 18 if incapable of self-care) or the newly placed foster child. Care of a new born child (birth of a child).
- ○ Family Member Leave:
  - Care of a spouse, parent, parent-in-law; biological, adopted or foster child; same sex domestic partner; grandparent, grandchild with a serious health condition
- ○ To care for a sick child with an illness or injury that is not a serious health condition
- ○ Your own serious health condition (see item B1, B2 or B3 below).
- ○ Family Member injured while on active military duty
- ○ Qualifying exigency related to family member's active duty military call-up
- ○ Bereavement Leave for death of a family member:
  - Family member applies to spouse, same-sex domestic partner, child (biological, adopted, foster, stepchild, or otherwise), parent, parent-in-law, grandparent, grandchild, or same-sex domestic partner's parent or child.

B) OFLA/FMLA DEFINITION OF "SERIOUS HEALTH CONDITION"

1. An illness, injury, impairment or physical or mental condition that involves :
   - Inpatient care in a hospital, hospice or residential medical care facility (i.e. an overnight stay); including any period of incapacity (defined as an inability to work, attend school or perform other regular daily activities), or any subsequent treatment in connection with such inpatient care;

OR

2. Continuing treatment by a health care provider that includes one OR more of the following:
   - A period of incapacity of more than three consecutive calendar days, and any subsequent treatment or period of incapacity relating to the same condition, that also involves (i) treatment two or more times by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (e.g. physical therapist) on referral by a health care provider; or (ii) treatment by a health care provider on at least one occasion which results in a regiment of continuing treatment.
   - A period of incapacity due to pregnancy, or for prenatal care
   - A period of incapacity or treatment for a "chronic" serious health condition which requires periodic visits for treatment by a health care provider continues over an extended period and may cause episodic rather than continuing period of incapacity (e.g., asthma, diabetes, epilepsy).
   - A period of incapacity which is permanent or long-term due to a condition for which treatment is not effective (e.g. Alzheimer's disease, severe stroke, terminal cancer).
   - A period of absence to receive multiple treatments for an injury or condition which would result in incapacitation of more than three days if not treated (e.g. chemotherapy or radiation for cancer, physical therapy for severe arthritis, or dialysis for kidney disease).

   Note: Short-term conditions requiring only brief treatment and recovery are not "serious health conditions" (e.g. common cold, flu, ear aches, upset stomach, minor ulcers, headaches other than migraines, routine dental or orthodontia problems and periodontal disease).

OR

3. An illness, disease or condition that in the medical judgment of the treating health care provider poses an imminent danger of death, is terminal in prognosis with a reasonable possibility of death in the near future, or requires constant care.