



Siuslaw School District 97J

2111 Oak Street, Florence, Oregon 97439

Phone 541-997-2651 - Fax 541-997-6748

www.siuslaw.k12.or.us

FMLA/OFLA LEAVE REQUEST FORM

Complete this form and save a printed copy for your files. This form can be faxed to Human Resources at 541-997-6748 or emailed to jdietz@siuslaw.k12.or.us. Please contact Human Resources at 541-997-2651 with any questions.

Name: _____ Status: ☐ Admin ☐ Classified ☐ Certified ☐ Confidential

Hours worked per week: _____ School/Location: _____ Supervisor: _____

TYPE OF LEAVE AND REQUESTED DATES: ☐ Not working at all OR ☐ Intermittent leave (working with occasional time off)

Date leave begins: _____ Date leave ends: _____ First day back at work: _____

If you are unclear or unsure about dates, please explain in the comment space below

Comment: _____

REASON FOR THE LEAVE – Please choose one reason for the leave

☐ **SERIOUS HEALTH CONDITION**

Employee Is this serious health condition the result of an on the job incident? Yes ☐ No ☐

Family Member Name: _____ Relationship: _____
(Choose from list below)

- | | |
|---|--|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Same-sex domestic partner |
| <input type="checkbox"/> Parent (biological/step/in-law/in loco parentis) | <input type="checkbox"/> Parent of same-sex domestic partner |
| <input type="checkbox"/> Child (biological/adopted/step/foster/legal ward/in loco parentis) | <input type="checkbox"/> Grandparent |
| | <input type="checkbox"/> Child of same-sex domestic partner |
| | <input type="checkbox"/> Grandchild |

☐ **BEREAVEMENT** (Max two weeks per incident – see CBA for number of paid days)

Name: _____ Date of Death: _____

Relationship: _____ (choose from the list above)

☐ **PARENTAL LEAVE** (not eligible for intermittent leave, must be taken in one consecutive block)

☐ Newborn child bonding Child D.O.B.: _____

☐ Adoption/Foster Care* Placement date: _____

**Submit copy of adoption application/foster care papers with this application*

☐ **SICK CHILD**

You are eligible for sick child leave if your child is suffering from an illness or injury that requires home care but is not a serious health condition. You can also take OFLA protected time if your child's school or childcare provider is closed due to a public health emergency, such as the COVID-19 pandemic school closures.

Describe illness: _____

☐ **MILITARY** (check one)

- ☐ Myself
☐ Child
☐ Next of Kin

- ☐ Spouse
☐ Parent

Due to: (check one) ☐ Serious illness of injury sustained during service ☐ Exigent circumstances

TURN FORM OVER AND COMPLETE OTHER SIDE

Read and initial next to each section below:

- _____ In order for us to determine whether your absence qualifies as FMLA/OFLA leave, you must provide sufficient medical certification to HR to support your request for FMLA/OFLA leave. You will need to download the proper certification form from the Siuslaw School District website. There is one form to certify your own medical condition and one form to certify a family member's condition.
- _____ If your leave is for your own medical condition, and is NOT intermittent leave, you will be required to present a Fitness for duty form to be restored to employment regardless if your medical leave qualifies for FMLA or OFLA. If such certification is not timely received, your return to work may be delayed until certification is provided.
- _____ While on leave, you will be required to submit time cards. Don't forget to update Aesop with your leave dates as necessary.
- _____ If you are currently paying a portion of your insurance premium, contact Payroll at 541-997-2651 to make arrangements to continue to make your share of the premium payments on your health insurance to maintain benefits while on leave. You have a 30-day grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health insurance coverage will lapse or, at our option, we may pay your share of the premiums during FMLA/OFLA leave, and recover these payments from you upon your return to work.
- _____ If the circumstances of your leave change, and you are able to return to work earlier than the date indicated on the reverse side of this form, you will be required to notify us at least two work days prior to the date you intend to report to work. You are still required to present a fitness-for-duty certificate to be restored to employment.

If your leave does qualify as FMLA/OFLA leave you will have the following rights while on FMLA/OFLA leave:

- You have the right under FMLA/OFLA for up to 12 weeks of unpaid leave in a 12-month period calculated as the 12-month period measured forward from the date of your first FMLA/OFLA leave usage except for bereavement and to cover for a service member with a serious injury or illness.
- The District will maintain your health benefits during any period of unpaid leave under the same conditions as if you continued to work.
- The District will reinstate you to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA/OFLA-protected leave. (If your leave extends beyond the end of your FMLA/OFLA entitlement, you do not have return rights under FMLA/OFLA.)
- If you do not return to work following FMLA/OFLA leave for a reason other than: 1) the continuation, recurrence or onset of a serious health condition which would entitle you to FMLA/OFLA leave; 2) the continuation, recurrence, or onset of a covered service member's serious injury or illness which would entitle you to FMLA leave; or 3) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA/OFLA leave.
- Under the collective bargaining agreement, you have a right to use certain available paid leaves during your FMLA/OFLA absence. The Siuslaw School District requires the use of any accrued sick leave, vacation or personal days (or other paid time established by Board policy and/or collective bargaining agreements), before taking FMLA and/or OFLA leave without pay for the leave period. For a copy of conditions applicable to paid leave usage, please refer to your collective bargaining agreement available on the Siuslaw School District website.
- If your leave is to care for a covered service member with a serious injury or illness, you have a right under FMLA for up to 26 weeks of unpaid leave in a single 12-month period.

Your signature below confirms the accuracy of the information YOU provided and that you understand your rights and responsibilities with regard to FMLA/OFLA leave.

Employee's Signature _____ Date _____

Once HR obtains the required information from you, we will inform you within 5 business days, whether your leave will be designated as FMLA/OFLA leave and count towards your FMLA/OFLA leave entitlement. If you have any questions, please do not hesitate to contact Human Resources at 541-997-2651.