

REQUEST FOR FAMILY, MEDICAL, OR MILITARY LEAVE

Name: _____ Date: _____

Building: _____ Position: _____

Where the need for leave may be anticipated, a 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 being reduced.

I hereby request family or medical leave for one or more of the following reasons:

- A personal serious health condition that prevents me from performing my job functions.

Describe: _____

Date Leave Starts: _____ Date Leave Ends: _____

- The birth of my child and to care for him or her.

Expected Date of Birth: _____ or Actual Date of Birth: _____

Date Leave Starts: _____ Date Leave Ends: _____

- The placement of a child with me for adoption or foster care.

Date of Placement: _____ Age of Child: _____

Date Leave Starts: _____ Date Leave Ends: _____

- To care for a child with a condition requiring home care that does not meet the definition of "serious health condition" and is not life threatening or terminal (for OFLA leave only).

- To care for a family member with a serious health condition.

Date Leave Starts: _____ Date Leave Ends: _____

Relationship to me:

- | | |
|--|--|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Same-sex domestic partner (OFLA only) |
| <input type="checkbox"/> Child | <input type="checkbox"/> Child of same-sex domestic partner (OFLA only) |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Parent of same-sex domestic partner (OFLA only) |
| <input type="checkbox"/> Parent-in-law | <input type="checkbox"/> Custodial parent |
| <input type="checkbox"/> Noncustodial parent | <input type="checkbox"/> Adoptive parent |
| <input type="checkbox"/> Foster parent | <input type="checkbox"/> Grandchild (OFLA only) |
| <input type="checkbox"/> Grandparent | |

Name: _____ Address: _____

Is the family member unable to perform daily activities? Yes No

- A qualifying emergency arising from my spouse, domestic partner, son, daughter, or parent who is a covered service member (as defined in the Oregon Military Family Leave Act) or leave for the spouse or domestic partner of a military personnel per each deployment of the spouse or domestic partner when the spouse or domestic partner has either been notified of an impending call to active duty, has been ordered to active duty, or has been deployed or on leave from deployment.
- To care for a spouse, domestic partner, son, daughter, parent or next of kin who is a covered service member with a serious illness or injury incurred in the line of duty or active duty in the armed forces.

Has leave been taken for the same service member and the same injury? Yes No

If yes, when was the leave taken? _____

How many work days? _____

I understand that I may use accrued paid leave (including sick, personal, emergency and/or vacation) for the family and medical leave period.

- I intend to use my paid leave during my requested leave period. I understand that the district will create a “leave calendar” based upon my request for related pay and benefit administrative purposes.

If my request for a leave is approved, I understand that I must report to duty on the first workday following the date my leave is scheduled to end. A fitness-for-duty statement may be required.

If an unanticipated circumstance arises where my leave must be modified, I must contact the district and work with them to make any applicable leave modifications. I understand that failure to do so may be interpreted as notice of my intent to not return to work, and the district may terminate my employment.

I authorize the district to deduct from my paycheck(s) any employee contributions for health insurance premiums that 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 (attached to this document).

Employee Signature

Date

Return this completed form to your supervisor.

BETHEL SCHOOL DISTRICT #52
BOARD OF EDUCATION POLICY STATEMENT

Subject: Family and Medical Leave

Policy Number: GCBDA Effective Date: 1/12

Date of Original Policy and Revisions: 4/95, 2/00, 10/06, 4/09, 3/10

Cancels Policy No.: GCBD Dated: NA

Date of Next Review: 1/15

POLICY

In order to attempt to help employees balance workplace demands and the needs of their families, and emphasize that a direct correlation exists between stability of the family and productivity in the workplace, the district will comply with all federal and state leave provisions including the Family and Medical Leave Act of 1993 (FMLA), the Oregon Family Leave Act (OFLA) of 1995, the Military Family Leave Act as part of the National Defense Authorization Act of 2008 and for Fiscal Year 2010 (which expanded certain leave to military families and veterans for specific circumstances), the Oregon Military Family Leave Act of 2009 and other provisions of applicable collective bargaining agreements.

In order for employees to be eligible under federal law, the employee must have been employed for the previous 12 months and must have completed at least 1,250 hours of service in the prior 12-month period. In order to be eligible under state law, an employee must work an average of 25 hours per week and have been employed at least 180 days prior to the first day of the family medical leave of absence. The determining factor in all cases is whether the time constitutes hours of work under the Fair Labor Standards Act, therefore, overtime hours worked are "hours worked" within the meaning of the FLSA, and are included for FMLA eligibility purposes.

An independent contractor would be ineligible for FMLA benefits.

Federal and state leave entitlements generally run concurrently.

The superintendent or designee will develop procedures necessary for the implementation of the provisions of both federal and state law.

REPORTS

None.

ATTACHMENTS

None.

END OF POLICY

REFERENCES / COMMENTS

[Bethel Administrative Rule GCBDA: Family and Medical Leave](#)

[HB 2744](#) (2009)

[ORS 332.507](#)

BETHEL SCHOOL DISTRICT #52
BOARD OF EDUCATION POLICY STATEMENT

[ORS 342.545](#)

[ORS 659A.150](#) to [659A.186](#)

[OAR 839-009-0200](#) to 0320

[Americans with Disabilities Act of 1990](#), 42 U.S.C. § § 12101-12213; 29 C.F.R. Part 1630 (2006); 28 C.F.R. Part 35 (2006).

[Family and Medical Leave Act of 1993](#), 29 U.S.C. §§ 2601-2654 (2006);

[Family and Medical Leave Act of 1993](#), 29 C.F.R. Part 825 (2008);

[National Defense Authorization Act of 2008](#), Public Law 110-181, Section 585(a).

[National Defense Authorization Act for Fiscal Year 2010](#), Public Law 111-84, Section 565.