



LEAVE REQUEST FORM

Name _____ Today's Date _____

Bldg/Dept _____ Employee. No. _____

Home Address _____

Street

City

State

Zip

☐ Admin/Prof/Supervisor

☐ Licensed

☐ Classified

Current FTE/Hrs _____ District Hire Date _____

LEAVE DATES AND TYPE OF LEAVE REQUESTED

LEAVE START DATE _____ RETURN DATE _____

☐ FULL TIME or ☐ PART-TIME (_____ FTE Leave Requested)

☐ MEDICAL*
(Complete Section 1)

☐ PARENTAL*
(Complete Section 2)

☐ PERSONAL
(Classified Employees: If you are taking your leave for *Career Development* purposes, please complete Section 3)

☐ PROFESSIONAL (Career Development)
(Complete Section 3) *Licensed and Admin/Prof/Supervisor Only*

*If your leave is also eligible for state or federal law family leave, then your leave start date under this request is also the start date of your state and federal family leave.

Employee's Signature** _____ Date _____

****The employee's signature indicates s/he has read and understands the attached Information for Employees Considering Long-Term Leaves of Absence.**

LEAVE APPROVALS

Signatures indicate approval of the leave request. The leave is not approved without the signature of the supervisor AND HR Administrator.

Supervisor's Signature _____ Date _____

HR Administrator's Signature _____ Date _____

**RETURN COMPLETED FORM TO: Human Resources Department - Eugene School District 4J
200 N. Monroe St, Eugene, OR 97402**

THIS SECTION TO BE COMPLETED BY HUMAN RESOURCES

Return from leave position rights: _____

Replacement for employee: _____

Date Insurance Ends: _____ By: _____ Date: _____

Comments: _____

SECTION 1 - MEDICAL LEAVE REQUESTS ONLY (Answer all items)

☐ I am requesting Medical Leave due to my health condition.

OR

☐ I am requesting Medical Leave due to the serious health condition of:

☐ Spouse ☐ Parent-in-law ☐ Son or Daughter ☐ Step Parent ☐ Mother/Father ☐ Grandparent

(May require completion of additional form by physician)

I would like to use my sick leave during this Medical Leave: ☐ Yes ☐ No

If yes, amount of my sick leave to be used during this leave: _____

1. What is the serious health condition? _____

2. Date condition began _____

3. Date condition expected to end (if known) _____

4. Name of doctor/health care provider _____

5. If the Medical Leave is for yourself, are you unable to work or to perform essential functions of your job? ☐ Yes ☐ No

SECTION 2 - PARENTAL LEAVE REQUESTS ONLY (Answer all items)

I would like to use my sick leave during this Parental Leave: ☐ Yes ☐ No

If yes, amount of your sick leave to be used during this leave: _____

1. Care of a newborn son or daughter? ☐ Yes ☐ No If yes, expected date of birth: _____

2. Taking custody of an adopted child? ☐ Yes ☐ No Date of physical custody: _____

3. Taking custody of a foster child? ☐ Yes ☐ No Date of physical custody: _____

4. Will your spouse take any leave time for care of the same child? ☐ Yes ☐ No (If yes, answer questions 5 - 7)

5. Name of spouse: _____

6. Spouse's employer: _____

7. Dates of spouse's requested leave time: From _____ to _____

SECTION 3 – PROFESSIONAL/CAREER DEVELOPMENT LEAVE REQUESTS ONLY

Please outline your plans for professional/career development leave below.

My signature below confirms the accuracy of the information I have provided above.

Employee's Signature

Date



INFORMATION FOR EMPLOYEES CONSIDERING LONG-TERM LEAVES OF ABSENCE

COLLECTIVE BARGAINING CONTRACT BASIS FOR LONG-TERM LEAVE

The long-term (generally more than 5 days) unpaid leaves available to District employees are described in the teacher contract in Article 9, in the classified employee contract in Article 14, and the administrator statement in Article 8.B. District employees may have additional leave rights under the Oregon Family Leave Act (OFLA) and federal Family Medical Leave Act (FMLA). These leave rights are in addition, but may be concurrent with, other shorter-term contract paid leave rights such as sick leave, family leave, personal leave, critical family illness leave, bereavement leave, legal leave, etc. These shorter-term paid leaves are described in Article 8 of the teacher contract, Article 13 of the classified contract, and Article 8.A of the administrator statement.

The contract long-term unpaid leaves such as personal, professional, and medical preserve the employee's right to return to a District position. For additional information on these leave categories, refer to the bargaining agreement articles listed above.

LAWS AND CONTRACT TERMS THAT MAY IMPACT YOUR LONG-TERM LEAVE OPTIONS AND DECISIONS

Long-term Disability Income Replacement: Long Term Disability coverage is designed to provide income protection should you become partially or fully disabled on or off the job. You may file a claim if you are unable to continue working due to a disability. If your claim is accepted, you will receive 60% of your pre-disability gross income beginning 90 days after your disability began. Contact the 4J Employee Benefits Office at 687-3491 for a claim form.

State and Federal Family Leave Law: There are Oregon Family Leave (OFLA) and a Federal Family Leave (FMLA) laws that provide qualified District employees rights to leave for qualifying purposes. (See page 3.)

Sick Leave Bank: When you have used all of your personal paid leave time (sick, personal/miscellaneous, vacation, discretionary, if applicable), you may be eligible for continued compensation through your membership in a sick leave bank. To determine your sick leave bank eligibility, see section 8.1.11 of the teacher contract, section 13.1.7 of the classified contract, and section 8.E.10 of the administrators' statement. Contact these persons for information about applying to the sick leave bank: Julie Wenzl (687-3244) for teachers; Patrick Munyon (687-3248) for classified; and Paul Siamon (687-6950) for administrators. If you qualify for sick leave bank days, you gain the benefit of continued compensation at your full daily rate for the number of days you are allocated. Sick leave bank days do not extend your leave eligibility or your right to the District monthly insurance contribution. Sick leave bank is additional paid time to cover some, or all, of the gap between your available paid leave time and your eligibility for Long Term Disability (LTD) income replacement insurance coverage.

HEALTH INSURANCE AVAILABILITY DURING A LEAVE

All Benefits-Eligible District Employees

There are limitations on your eligibility for the District health insurance plan you need to know if you are considering a long-term leave.

- **Paid Leave:** While on paid leave (not sick leave bank), you continue to be eligible for the District monthly insurance contribution if you continue your monthly out-of-pocket contribution.
- **Unpaid Personal or Professional Leave:** While you are on approved unpaid personal or professional leave with the District, you may continue the District health insurance plan by paying the full premium amount (both your out-of-pocket and the District contribution), however there are limitations on your eligibility for the District health insurance plan. The current District medical health insurance carrier only allows an employee to continue coverage while on unpaid leave for three months; after that time you have the right to continue COBRA coverage for another 18 months. COBRA is a federal law that requires all group health insurance carriers to let an employee who is no longer eligible for active employee group health plan coverage to self-pay for the health insurance plan for up to 18 months. After 18 months, the only health insurance plan available through the District carrier is a "portability" plan. For details on this coverage while on unpaid leave, please contact either the Licensed Benefit Coordinator at 687-3244, or the Classified Benefits Coordinator at 687-3248. If you do not continue your insurance while on leave, you will not be eligible for the District health insurance plan until you return to work.

CAUTION: Our current insurance carrier has strict rules regarding district retiree insurance eligibility, after taking a personal or professional (non-medical) leave. You will only be eligible for the district retiree insurance in the future if:

1. **Your leave of absence is less than three months, and you continue to self-pay the entire amount on the district insurance plan**
OR
2. **You return to regular employment, covered on the district's insurance plan, for a minimum of 24 months after your leave**
3. **Unpaid Medical Leave:** While you are on approved unpaid medical leave you may be eligible to continue the District health insurance plan with the District contribution for the leave term as long as you continue your employee contribution, see teacher contract section 9.1, classified contract section 13.1.8, administrator statement section 8.B.4. You also may be eligible for the sick leave bank benefit, see teacher contract section 8.1.11, classified contract section 13.1.7, or administrator statement section 8.E.10. However, due to carrier limitations, an employee can only be on the active plan for three months. After three months, the employee will be able to continue the District health plan coverage with District contribution through COBRA. The District contribution during this period will remain the same and the employee will be required to pay their portion of the premium to the COBRA administrator.

Please contact the Employee Benefits Office at 687-3491 to obtain information and forms for continuing insurance and/or payment of premiums while on leave.

LEAVE APPLICATION AND APPROVAL PROCESS

To assure you have a right to a long-term leave and to retain your District employment rights during and upon return from leave, you must request and be approved for the leave. The request and approval is accomplished by:

- Completing the attached *Extended Leave of Absence Request Form*,
- Getting your supervisor's signed approval, and
- Submitting the completed form to the Human Resources Department for final processing and approval.

Your leave uses that may qualify for OFLA and FMLA leave are:

- Birth, adoption, or placement of your child (parental leave)
- To care for your family member with a serious health condition or your own serious health condition (serious health condition leave)
- For your pregnancy disability or prenatal care (pregnancy disability leave)
- To care for your sick child who does not have a serious health condition, but requires home care (sick child leave)

Note: Your request for OFLA and/or FMLA leave must be supported by your (or your family member's) physician's opinion on the medical condition, if applicable.

If you qualify for OFLA and/or FMLA leave, then you have additional rights. These rights include the ability to use your accumulated paid sick leave while on the leave, the right to take up to 12 weeks of these qualifying leaves in a year, the right to continued District insurance contribution and, usually, the right to return to your position. The use of leave that qualifies under OFLA and FMLA will be concurrent with other paid and unpaid leave. To qualify for OFLA and FMLA leave you must apply and be approved for the leave prior to taking the leave except for an emergency and then application must be made as soon as possible.