



# REQUEST FOR LEAVE OF ABSENCE

This form is used for the purpose of requesting Family and Medical Leave Act (FMLA), Oregon Family Leave Act (OFLA), Medical, Parental, Military, or Unpaid Personal Leave

Employee \_\_\_\_\_ L# \_\_\_\_\_  Classified  Faculty  
 Management  Part-time Faculty  
 Department \_\_\_\_\_  
 Phone Number (while on leave) \_\_\_\_\_ Email (while on leave) \_\_\_\_\_

**SECTION 1: SERIOUS HEALTH CONDITION** – To recover from or seek treatment for a serious health condition and/or to care for a covered family member with a serious health condition. Health Care Provider Certification required prior to this leave being approved. This type of leave is paid or unpaid based on accrued leave balance(s). In the case of an employee’s own serious health condition, disability benefits may be available. **If condition is related to COVID-19, please also complete the Supplemental Questionnaire.**

Employee’s Serious Health Condition Work Related  Yes  No  
 If it is a work related medical leave, a completed Employee Accident/Incident Report form and Saif 801 form need to be submitted to Human Resources.  
 Family Member’s Serious Health Condition Relationship \_\_\_\_\_  
 See applicable union contract or working agreement for definition of eligible family member(s).

### DURATION OF LEAVE

Continuous Leave: \_\_\_\_\_ to \_\_\_\_\_  
 First Day of Leave Return to Work Date  
 Intermittent (as needed) Leave: \_\_\_\_\_ to \_\_\_\_\_  
 First Day of Leave Return to Work Date

### WORKLOAD REDUCTION

Full Reduction (not working at all) Partial Reduction in  FTE  
 Hours per day \_\_\_\_\_ to \_\_\_\_\_  
 Hours per week \_\_\_\_\_ From/Current \_\_\_\_\_ Revised

**SECTION 2: PARENTAL** – To care for a newborn, newly adopted child, or newly placed foster child. This type of leave is paid or unpaid based on accrued leave balance(s).

### DURATION OF LEAVE

Continuous Leave: \_\_\_\_\_ to \_\_\_\_\_  
 First Day of Leave Return to Work Date  
 Intermittent (as needed) Leave: \_\_\_\_\_ to \_\_\_\_\_  
 First Day of Leave Return to Work Date

### WORKLOAD REDUCTION

Full Reduction (not working at all) Partial Reduction in  FTE  
 Hours per day \_\_\_\_\_ to \_\_\_\_\_  
 Hours per week \_\_\_\_\_ From/Current \_\_\_\_\_ Revised

**SECTION 3: PERSONAL\*** – To request an extended leave of absence that does not otherwise qualify under other leave categories. This type of leave is unpaid and subject to approval/denial based on College necessity. **If reason is related to COVID-19 and school or childcare provider closure, please also complete the Supplemental Questionnaire.**

Reason for Request:  
 \_\_\_\_\_  
 \_\_\_\_\_

### DURATION OF LEAVE

\_\_\_\_\_ to \_\_\_\_\_  
 First Day of Leave Return to Work Date

### WORKLOAD REDUCTION

Full Reduction (not working at all) Partial Reduction in  FTE  
 Hours per day \_\_\_\_\_ to \_\_\_\_\_  
 Hours per week \_\_\_\_\_ From/Current \_\_\_\_\_ Revised

**SECTION 4: MILITARY** – To request a leave of absence related to active service with the United States armed forces. This includes an employee's own active service, as well as to care for an eligible family member who is in the military on active duty and is injured or ill as a result of active duty. This type of leave is paid or unpaid based on current leave laws and union contract or working agreement language.

- Military – For employee's own extended service with the armed forces of the United States.
- Military Caregiver – To care for a son, daughter, spouse, parent, or next of kin who is in the military on active duty and is injured or ill as a result of active duty.
- Qualifying Exigency Under Military – Related to military service for short notice deployment, military events and activities related to deployment, to arrange for alternate childcare, financial and legal arrangements related to deployment, counseling, rest and recuperation (up to 5 days to spend with service member), and post deployment activities sponsored by the military.

**DURATION OF LEAVE**

Continuous Leave: \_\_\_\_\_ to \_\_\_\_\_  
First Day of Leave Return to Work Date

Intermittent (as needed) Leave: \_\_\_\_\_ to \_\_\_\_\_  
First Day of Leave Return to Work Date

**WORKLOAD REDUCTION**

Full Reduction (not working at all) Partial Reduction in  FTE  
 Hours per day \_\_\_\_\_ to \_\_\_\_\_  
 Hours per week From/Current Revised

**SECTION 5: ADA ACCOMMODATION** – To request a workload adjustment as it relates to an already approved ADA accommodation, for the employee's own disabling condition. Additional ADA accommodation form(s) and processes are required prior to this leave being approved. This type of leave is paid or unpaid based on accrued leave balance(s).

**DURATION OF ACCOMMODATION**

Accommodation is:  Temporary  Permanent Begin Date: \_\_\_\_\_  
End Date (if temporary): \_\_\_\_\_

**WORKLOAD REDUCTION**

Full Reduction (not working at all) Partial Reduction in  FTE  
 Hours per day \_\_\_\_\_ to \_\_\_\_\_  
 Hours per week From/Current Revised

By signing below, I, the employee, fully understand the impact that this leave may have on my salary and benefit eligibility, including PERS, and that all approvals of this request are conditional pending certification by the Chief Human Resources Officer. Furthermore, I understand that this leave will be applied concurrently, as allowable under law, to my FMLA and OFLA protected leave entitlement(s).

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date Signed

*Required for all leave of absence requests*

I recommend this request be:  Approved  Denied (attach explanation)

\_\_\_\_\_  
Manager/Dean Signature

\_\_\_\_\_  
Date Signed

*Required for personal leave of absence requests only*

I recommend this request be:  Approved  Denied (attach explanation)

\_\_\_\_\_  
Executive Vice President Signature

\_\_\_\_\_  
Date Signed

*Required for personal leave of absence requests only*

I recommend this request be:  Approved  Denied (attach explanation)

\_\_\_\_\_  
President Signature

\_\_\_\_\_  
Date Signed

*Required for all leave of absence requests*

The leave requested above is:  Approved  Denied

\_\_\_\_\_  
Associate Vice President for Human Resources & Labor Relations Signature

\_\_\_\_\_  
Date Signed