

NON-MEDICAL LEAVE

A Leave of Absence Request Form is required for all leaves including family or medical absences of more than (5) working days or any bereavement. Submit this request form for all leave types not pertaining to medical necessity. This includes bereavement leave, personal leave, part-time leave, professional leave, parental leave (to care for your newborn child, newly adopted child, or to provide foster care), and all other leaves allowed under the District/EEA Bargaining Agreement, the District/OSEA Bargaining Agreement, or the District/4JA Statement of Understanding.

CHECKLIST

Submit all forms directly to the Leaves of Absence coordinator.

Electronically at:
HR_Leaves@4j.lane.edu

OR

Eugene School District 4J
200 North Monroe Street
Eugene, OR 97401

- _____ **1. Read the Detailed Leave Instructions** - on the following pages
- _____ **2. Leave of Absence Request**
Due: At least 30 days in advance or immediately
Obtain Supervisor/Administrator signature and forward to the Leaves of Absence coordinator.
- _____ **3. Report your absences**
You are required to follow normal absence reporting procedures.
- _____ **4. Notify the District of any changes to your leave dates & confirm your return date**
Advise your administrator/supervisor and the Leaves of Absence Coordinator by phone or email.

Leave Related Contacts and Resources

Leaves of Absence: Phone: 541-790-7676 Confidential fax: 541-790-7680
Email: HR_leaves@4j.lane.edu Website: <http://www.4j.lane.edu/hr/loa/>

Employee Benefits: Phone: (541) 790-7681 Fax: (541) 790-7665
Email: HR_benefits@4j.lane.edu Website: <http://www.4j.lane.edu/hr/benefits/>

Absence Management: Website: <http://www.aesopeducation.com/>
Phone: (541) 790-7689 Email: HR_subdesk@4j.lane.edu

Human Resources: Address: 200 N Monroe St, Eugene, OR 97401 Phone: (541) 790-7670
Email: hr@4j.lane.edu Website: <http://www.4j.lane.edu/hr/>

NON-MEDICAL LEAVE INSTRUCTIONS

Submit all documents to the Leaves of Absence coordinator:

Confidential Fax: (541) 790-7680

Phone: (541) 790-7676

Email: HR_leaves@4j.lane.edu

DOCUMENTS: The *Non-Medical Leave Packet* contains the necessary forms. Send all documents to the Leaves of Absence coordinator.

REQUEST LEAVE: Complete the *Leave of Absence Request Form* as soon as your need for leave is known, with 30 days prior notice when possible.

REPORTING YOUR ABSENCES: You are required to follow normal absence reporting procedures, including Aesop, if applicable. If you are uncertain of your reporting responsibilities, please contact your Administrator/Supervisor or the school/department secretary.

REQUESTING LEAVE EXTENSIONS: If you wish to extend your leave, please submit an email request to both your Administrator and the Leaves of Absence coordinator at least 30 days prior to the end of your approved leave.

RETURN TO WORK: Please contact your administrator and the Leaves of Absence coordinator by email the week prior to your return to confirm your return date.

BENEFITS WHILE ON LEAVE: Your District-paid benefits will continue if you are in a paid status (i.e. sick leave) or on approved leave under FMLA/OFLA.

OTHER: Licensed employees: You are required to maintain licensure under TSPC while on leave. Failure to maintain an active TSPC license during your leave may impact your employment or paid status, if applicable.



Leave of Absence Request Form

Please refer to appropriate checklist for additional information

A. PERSONAL INFORMATION

Classified Licensed Administrator

Name: _____ Employee ID: _____
 Preferred email: _____ Check if you would prefer correspondence via US Mail (using address on file)
 Job Title: _____ Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____
 Administrator/Supervisor: _____ Work Location: _____
 Month/Year of Hire: _____ Current FTE/Hours per Week: _____
 If you have a spouse / same-sex domestic partner, do they also work for the district? Yes No Name: _____
 Will they be requesting leave for the same reason (e.g. parental, to care for you or an ill family member)? Yes No

B. REASON FOR LEAVE REQUEST

- Medical Leave** (Due to employee's own serious health condition or pregnancy disability)
- Family Medical Leave** (Due to immediate family member's serious health condition)
 Family Member Name: _____
 Relationship: Spouse Son/Daughter Parent
 Parent-in-law Grandparent Grandchild Same-Gender Domestic Partner
 Sibling Other: _____
- Parental Leave** for: Birth of my child Adoption of a child Placement of a foster child
 Anticipated date of birth, adoption, or placement: _____
- Bereavement Leave**
 Family Member Name: _____ Date of Death: _____
 Relationship: Spouse Son/Daughter Parent
 Parent-in-law Grandparent Grandchild Same-Gender Domestic Partner
 Sibling Other: _____
- Additional Leaves**
 - Military Leave (Due to be called to active duty) Military Leave (Due to family member being deployed or on leave from service)
 - Personal Leave (Outline details in Section D) Professional Leave (Outline details in Section D)
 - Part-Time Leave (Licensed and Administrators only) Working: _____ FTE
 - Association Leave (Licensed only)

C. ABSENCE REQUEST – Check all that apply (estimated dates must be entered)

- FULL SCHEDULE LEAVE** From _____ Through _____ Returning _____
- REDUCED SCHEDULE** From _____ Through _____ Returning _____
 Describe requested schedule: _____
- INTERMITTENT** (not for parental leave) From _____ Through _____
 For intermittent, complete the following in full – **do not leave blank or answer unknown.**
 - Medical treatment for myself or an immediate family member
 - Episodes of chronic illness which result in: My inability to work My family member's inability to perform activities of daily living
 Estimated frequency of absences: _____
 Estimated length of each absence: _____

