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.

	lectronically at: eaves@4j.lane.edu	OR	Eugene School District 4J 200 North Monroe Street Eugene, OR 97401		
1.	Read the Detailed Leave In	nstructions - on the following pa	ages		
2.	_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 norm	mal absence reporting procedures) .		
4.		hanges to your leave dates pervisor and the Leaves of Absence	s & confirm your return date e 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: <u>Licensed employees</u>: 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.



Eugene School District 200 N Monroe St, Eugene, OR 97402 Email: HR_leaves@4j.lane.edu Fax: (541) 790-7680

Leave of Absence Request Form

Please refer to appropriate checklist for additional information

A. PERSONAL INFORMATION	[□Classified	□Licensed	□Administrator		
Name:	Employee ID:	Employee ID:				
Preferred email:	☐ Check if you v	would prefer corres	spondence via US M	ail (using address on file)		
Job Title: Home Phone: () -	Cell Phon	ne: <u>(</u>) -	<u> </u>		
Administrator/Supervisor:	\	Nork Location:				
Month/Year of Hire: Current FTE/Hours per Week:						
If you have a $\ \square$ spouse / $\ \square$ same-sex domestic partner, do they also work for	r the district? \Box Ye	es □ No Name	e:			
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						
- Madical Lawrence (Donata annual						
 ☐ Medical Leave (Due to employee's own serious health condition or pre ☐ Family Medical Leave (Due to immediate family member's serious health condition) 						
Family Member Name:	,					
· —	∃Parent					
Parent-in-law □ Grandparent □	Grandchild [⊒Same-Gender Do	omestic Partner			
□Sibling □ Other:						
☐ Parental Leave for: ☐ Birth of my child ☐ Adoption of a child	□Placeme	ent 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 Do	omestic 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)						
,	nal Leave (Outline o	details in Section D	0)			
☐ Part-Time Leave (Licensed and Administrators only) Working:	F	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 .						
□ 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:						

D. EXI	PLANATION FOR LEAVE REQUEST – Attach	additional sheet if necessary				
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			_			
			_			
			·			
-						
E. EM	PLOYEE SIGNATURE - Read the following rig	hts and responsibilities carefully	before sianina.			
		,				
•	I understand that I am required to provide supporting docume					
	days of this request or before my leave begins, whichever is later. I understand that failure to provide adequate and timely certification will disqualify my leave from job protection under the Federal Family Medical Leave Act (FMLA) and the Oregon Family Leave Act (OFLA) statutes and that my					
	leave will be denied in accordance with § 825.305 and 839-00	09-0250.	my Education (Or Etty Statutes and that my			
•	I understand that unless I am on an intermittent leave, that H					
•	I understand that if I do not return to work, I may be requested while on the unpaid portion of my leave of absence unless my					
	condition or other circumstances as permissible by Federal a		mation of recodulitation of a serious ficular			
•	I certify that the information provided on this form is accurate					
•	I have reviewed the appropriate checklist and instructions for	tne leave type requested: http://www.4j.la	ane.eau/hr/loa			
	Final Co.		Date to mild the			
	Employee Signature		Date (mm/dd/yyyy)			
F. SUF	PERVISOR/ADMINISTRATOR – Please email	or fax this form to the Leaves of	Absence coordinator within 24 hours			
•	My signature indicates that I have reviewed the leave with this		The second secon			
•	I have explained the expectations for absence reporting and a	arranging a substitute, if applicable.				
•	I have directed him/her to forward required documentation dir	ectly to the Leaves of Absence coordinat	or.			
		<u> </u>				
	Administrator/Supervisor (Print Name)	Signature	Date (mm/dd/yyyy)			