FERN RIDGE SCHOOL DISTRICT 28J
Employee Leave Request

☐ **LICENSED** ☐ **CLASSIFIED** ☐ **ADMINISTRATIVE** ☐ **CONFIDENTIAL**

EMPLOYEE NAME _____ TODAY'S DATE _____

☐ I am requesting one day or less: on _____ for a total of _____ hours
(date)

☐ I am requesting more than one day: beginning _____ and ending _____ for a total of _____ hours.
(date) *(date)*

I am requesting that my leave be charged to:

☐ Sick Leave

☐ Personal Leave

☐ Vacation *(Classified/Confidential Only)*

☐ Bereavement Leave

☐ Jury Duty or Subpoena Leave

☐ Other Paid Leave *(Professional Development, Curriculum, Assessment, etc.)*

Description: _____

*If **reimbursable** bill substitute costs to:*

_____

☐ Unpaid Leave

FAMILY AND MEDICAL LEAVE ACT (FMLA) / OREGON FAMILY LEAVE ACT (OFLA)

If you are requesting leave that qualifies under FMLA or OFLA, please complete this section. Otherwise, proceed to signature line below.

Please check one of the following:

☐ The birth of a child, or the placement of a child for adoption or foster care

☐ A serious health condition that makes you unable to perform the essential functions for your job *(DO NOT IDENTIFY THE CONDITION, certification may be required)*

☐ A serious health condition affecting ☐ your spouse, ☐ child, ☐ parent, or ☐ parent-in-law *(OFLA only)*, for which you are needed to provide care *(DO NOT IDENTIFY THE CONDITION, certification may be required)*

☐ A sick child with an illness that requires home care but it not a serious health condition *(OFLA only)*

Note: In some instances it may be necessary to ask for additional information to determine whether the leave qualifies under FMLA or OFLA. Any medical information you may provide will be kept in a confidential file and will be used only to determine eligibility for FMLA/OFLA and to track leave.

If you are requesting an altered or reduced work schedule for medical reasons, either for yourself or family members please indicate your scheduling needs *(attach a separate sheet if necessary)*:

_____

EMPLOYEE SIGNATURE _____

☐ Leave Approved ☐ Not Approved _____
SUPERVISOR'S SIGNATURE