

**Employee: To request a leave of absence from work, please complete all fields on this form and submit it directly to Human Resource Services via email [barlowm@sou.edu](mailto:barlowm@sou.edu), fax 541 552-8508 or delivery to Human Resources 1250 Siskiyou Blvd, Rm 159 Ashland, OR 97520.**

Employee's Name: \_\_\_\_\_ ID: \_\_\_\_\_

Employee's Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Dept. \_\_\_\_\_

**REASON FOR LEAVE – Check all applicable boxes**

*Leave for serious health conditions, parental leave, bereavement, or military leave may be eligible for protected leave under state and federal leave acts (FMLA/OFLA), and may require certification by a physician or practitioner. See eligibility on back.*

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|---|--|
| <p><b>FMLA Qualifying Reasons</b></p> <p><input type="checkbox"/> My own health condition (may include pregnancy)</p> <p><input type="checkbox"/> My spouse/registered domestic partner's health condition</p> <p><input type="checkbox"/> My parent's health condition</p> <p><input type="checkbox"/> My child's serious health condition<br/>Age of child _____ Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Birth of a child, to care for a newborn child, or placement of a child with me for adoption or foster care</p> <p><input type="checkbox"/> Qualifying military exigency leave</p> <p><input type="checkbox"/> Service member care leave (SMCL)</p> | <p><b>OFLA Qualifying Reasons</b></p> <p><input type="checkbox"/> My own health condition</p> <p><input type="checkbox"/> My spouse/registered domestic partner's health condition</p> <p><input type="checkbox"/> My child's <u>SERIOUS</u> health condition</p> <p><input type="checkbox"/> My child's <u>NON-SERIOUS</u> health condition which requires home care</p> <p><input type="checkbox"/> Pregnancy, including prenatal care, birth and recovery<br/><b>(I am the parent giving birth)</b></p> <p><input type="checkbox"/> Birth of a child, to care for a newborn child, or placement of a child with me for adoption or foster care</p> <p><input type="checkbox"/> My parent, parent-in-law, grandparent, grandchild's serious health condition</p> <p><input type="checkbox"/> Bereavement leave</p> |
| <p><b>Other</b></p> <p><input type="checkbox"/> Military Leave</p> <p><input type="checkbox"/> Administrative/Unclassified Leave without Pay (FAD.011, Leave without pay)</p> <p><input type="checkbox"/> SEIU Leave without pay (Article 40)</p> <p><input type="checkbox"/> Oregon Victims of Certain Crimes Leave Act (OVCCLA)</p>   |  |

**I am requesting (Check one):**

- Continuous leave (Consecutive hours/days of leave) from \_\_\_\_\_ to \_\_\_\_\_.
- Intermittent leave (occasional days or hours of leave taken) which is anticipated to look like: \_\_\_\_ hour(s) per day \_\_\_\_ day(s) per week/month (circle one).
- Reduced schedule (working less than your normal weekly schedule): Schedule will reflect \_\_\_\_\_ hours per day/week.  
From \_\_\_\_\_ To \_\_\_\_\_.

Is the condition due to an on-the-job injury or illness?  No  Yes – If yes, date you reported the injury to your supervisor \_\_\_\_\_

**Designation of sick and vacation accruals during leave (select based on your classification):**

**Faculty** – Requires use of accrued sick leave during unpaid FMLA/OFLA leaves. (Unless receiving Short-Term (STD) or Long-Term Disability (LTD) benefits. You may retain 40 hours of sick leave by written request to Human Resource Services.

Check one -  Use accrued sick time  Reserve 40 hours of sick time

**A leave of absence greater than one term may impact eligibility for tenure, promotion and sabbatical. Please refer to the APSOU Collective Bargaining Agreement and faculty bylaws for more information. For additional questions regarding this impact, please contact the Provost office. Check to acknowledge**

**Classified** – Employees on approved FMLA/OFLA leave may use accrued sick time and other forms of paid leave, but are not required to do so if receiving Short-Term (STD) or Long-Term Disability (LTD) benefits. You may retain up to 40 hours of vacation leave for FMLA/OFLA approved absences.

Check one -  Use accrued sick time  At initiation of STD/LTD do not use sick time

Check one -  Use accrued vacation time  Reserve 40 hours of vacation time

Check one –  Use accrued personal leave  Do not use accrued personal leave

**Unclassified** – An employee is required to use accrued sick leave for leaves due to illness and those absences that qualify under FMLA and OFLA for the use of sick leave, unless receiving Short-Term (STD) or Long-Term Disability (LTD) benefits. If an employee exhausts sick leave, the employee may use other forms of accrued leave. Check only one of the boxes below:

Use accumulated sick leave only, followed by leave without pay  Use accumulated sick leave followed by the use of \_\_\_\_ (hours) vacation.

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

Date \_\_\_\_\_

## ELIGIBILITY RULES

### **Family Medical & Leave Act (FMLA)**

The Family and Medical Leave Act (FMLA) entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons and allows for continuation of health benefits during the protected leave.

**Maximum Leave:** 12 weeks in a 12-month period (the 12-month period is calculated on a 'rolling' 12-month period measured backward from the date the employee uses any FMLA leave) for the employee's own serious health condition (see definitions below), or for the serious health condition of a spouse or same gender domestic partner, parent or child (as described below) with a serious health condition, or for the birth, adoption or placement of a child with an employee for foster care. (12 consecutive weeks for foster care, adoption, or care for a newborn child unless intermittent or reduced hours leave is approved by the supervisor). Additional time may be available if leave is due to a family member becoming injured or ill while on active military duty. Service Member Care Leave (SMCL) allows for up to 26 weeks.

**Eligibility:** You must have at least 12 months of employment with Southern Oregon University (need not be consecutive); AND, during your last 12 months of employment prior to the date leave commences, you must have worked at least 1250 hours.

Covered family members include; spouse or legally recognized same gender domestic partner, parent, child – biological or adopted, foster or step-child, legal ward, or child to whom the employee stands in loco parentis, normally under 18 years of age, or child over 18 and incapable to self-care because of a physical or mental disability. Caring for a qualifying military member or veteran includes "next of kin".

### **Oregon Family Leave Act (OFLA)**

**Maximum leave:** 12 weeks in a 12-month period (some exceptions apply)

**Eligibility:** For OFLA leaves due to serious health conditions or pregnancy, you must have at least 180 calendar days of consecutive employment with Southern Oregon University and have worked an average of 25 or more hours per week during the prior 180 days. There is no hours test for OFLA leaves to care for a newborn child or for adoption.

The definition of serious health condition under OFLA resembles that of FMLA. OFLA also includes leave for bereavement, and to care for a child with a non-serious health condition.

**Family member definition:** Spouse, same-gender domestic partner, custodial parent, non-custodial parent, adoptive parent, foster parent, biological parent, parent-in-law, parent of same-gender domestic partner, grandparent or grandchild of the employee, or a person with whom the employee is or was in a relationship of in loco parentis. It also includes the biological, adopted, foster or stepchild of an employee or the child of an employee's same-gender domestic partner.

**Bereavement Leave:** OFLA has bereavement leave which is leave to make funeral arrangements, attend the funeral or to grieve a family member who has passed away. This leave is limited to two weeks and must be completed within 60 days of the date when the employee learned of the death. Bereavement leave will count toward the total amount of OFLA eligible leave.

If leave qualifies under both the FMLA and OFLA, or the FMLA and contractual benefit provisions, its use is counted against both entitlements. Any FMLA leave will also count as OFLA leave.

### **DEFINITIONS:**

A "Serious Health Condition" means an illness, injury, impairment, or physical or mental condition that involves one of the following: (Conditions that do not meet definition unless complications arise are: Common cold, flu, ear aches, upset stomach, minor ulcers, and headaches other than migraines).

**Hospital Care:** Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical facility, including any period of incapacity of subsequent treatment in connection with or consequent to such inpatient care.

**Absence Plus Treatment:** A period of incapacity of more than three consecutive calendar days (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:

- Treatment two or more times by a health care provider, or
- Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider.

**Pregnancy:** Any period of incapacity due to pregnancy, or for prenatal care.

### **Chronic Conditions Requiring Treatments:**

- Requires periodic visits for treatment by a health care provider;
- Continues over an extended period of time (including recurring episodes of a single underlying condition); and
- May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy).

**Permanent Long-Term Conditions Requiring Supervision:** A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee/family member must be under the continuing supervision, and receiving treatment, from a health care provider. Examples include Alzheimer's, severe stroke, or terminal stages of a disease.

**Multiple Treatments (Non-Chronic Conditions):** Any period of absence to receive multiple treatments by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation,) severe arthritis (physical therapy) and kidney disease (dialysis).

**Exigency Leave:** Military events and activities related to deployment, including but not limited to arranging child care, financial and legal arrangements related to deployment, counseling and post-deployment activities sponsored by the military.