

# FAMILY/MEDICAL LEAVE REQUEST

EMPLOYEE NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

Employee Group:

- Contracted Management/Exempt  Contracted Faculty  Contracted Confidential  Classified  
 Part-time, Noncontracted

1. Discuss your need for leave with your supervisor (*specific medical details are confidential and need not be disclosed to your supervisor*).
2. Complete the Family/Medical Leave Request form.
3. Return the form with signatures to Human Resources.
4. Schedule a meeting with HR to start the leave process.

Full-time Leave  Reduced Schedule/Intermittent Leave *Explain Below\**

Anticipated Dates of Leave: \_\_\_\_\_

Leave Charged To:  Sick Leave  Paid Leave  Comp Time  Unpaid Leave  
(Accrued leaves must be used prior to going into unpaid status)

Reason for Leave: \_\_\_\_\_

Please check the type of leave below:

- Your own serious health condition (certification may be required, see page 2)  
 Family members or domestic partner with serious health condition (certification may be required)  
 Pregnancy (includes prenatal care, childbirth and recovery)  
 Care for newborn child  
 Placement/adoption of a child or adult dependent  
 Parent-in-law with condition that poses imminent danger of death, is terminal or requires constant care  
 Child requiring home care  
 Prepare for the call to active duty of an armed forces service member  
 Care for injured armed forces service member  
 Care for yourself or a family member experiencing domestic abuse

NOTE: In some instances it may be necessary for the college to ask for additional information in order to determine whether the leave is OFLA/FMLA qualifying.

Do you have a spouse or domestic partner who works for Linn-Benton Community College who is requesting time off for the same purpose?

Yes  No (Restrictions may apply. OAR 839-009-0240)

\* 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:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*Confidentiality: Any disclosure of medical information will be kept in a confidential file and will be used only to determine eligibility for OFLA/FMLA, to track leave, or to engage in the interactive process.*

**SUPERVISOR SIGNATURE:** \_\_\_\_\_

# What is a “serious health condition?”

## OFLA/FMLA Serious Health Condition

- Inpatient hospital care- an overnight stay in a hospital, hospice, or residential medical care facility.
- Critical illnesses or injuries diagnosed as terminal or which pose an imminent danger of death.
- Conditions requiring “constant or continuing care.”
- Permanent or long-term incapacity due to a condition for which treatment may not be effective, such as
  - Alzheimer’s disease, a severe stroke, or terminal stages of a disease.
- Period of incapacity (“Absence Plus Treatment”)
- Incapacity for **more than three consecutive calendar days**, including any subsequent treatment or period of incapacity relating to the same condition, which also involves:
  - (a) two or more treatments by a health care provider or
  - (b) one treatment followed by a regimen of continuing treatment.
- Absences for pregnancy related disability or for prenatal care
- Absences for chronic conditions- periodic visits to a health care provider (at least two visits per year).
- Multiple treatments for conditions that if not treated would likely result in incapacity of more than three days.

ORS 659.470(6), OAR 839-009-0210(14), 29 CFR §825.114.

## Examples of Illnesses Which Generally Do Not Qualify as “Serious Health Conditions”

- The common cold
- Flu
- Ear aches
- Upset stomach
- Non-serious routine headaches
- Sore throat
- Routine medical or dental visits

## What is FMLA for Military Leave?

- Employee has a family member in the Armed Forces (including national Guard and Reserves) being called up to active duty or an impending call or order to active duty in support of a contingency operation or \*qualifying exigencies. **Active duty leave may be taken by** a spouse, son, daughter, or parent of service personnel called to active duty for any issues related to the call-up, and the leave may commence as soon as an individual receives a call-up notice. (\*Qualifying exigencies- short-notice deployment, military events and related activities, childcare and school activities, financial and legal arrangements, counseling, rest and recuperation, post-deployment activities, and additional activities where the employer and employee agree to the leave.
- Employee has a need to care for an injured armed forces service member who is a spouse, son, daughter, parent, or nearest blood relative.