

# PROTECTED LEAVE REQUEST FORM

University of Oregon – Human Resources  
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Eugene OR 97403-5210  
541-346-3159 – fax: 541-346-2548

**Employee: To request time off work using a protected leave, please complete this form and submit to your supervisor. Please print clearly.**

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

Supervisor's Name: \_\_\_\_\_ Supervisor Email: \_\_\_\_\_ Payroll Administrator: \_\_\_\_\_

Date of first day of leave: \_\_\_\_\_ (for the birth or placement of a child, enter estimated due date)

Returning Date: \_\_\_\_\_ (leave blank if unknown)

## REASON FOR LEAVE

- Serious medical condition for myself/family member
- Parental leave
- Bereavement leave: Relationship: \_\_\_\_\_
- Military leave
- Other leave: \_\_\_\_\_

I am requesting:

- Continuous leave (consecutive hours/days of leave)
- Intermittent leave (smaller blocks of time ranging from less than an hour to a few days at a time)
- Reduced schedule (such as working half time or three days per week)

## LEAVE INFORMATION

Leave for serious health conditions, parental leave, bereavement, or military leave may be eligible for protected leave under the state and federal leave acts (FMLA/OFLA). See definitions on back.

### MEDICAL LEAVE

- My own health condition meeting definition on back of form. *(May include leave due to pregnancy complications.)*
- Is the condition due to an on-the-job injury or illness?  Yes  No
- Minor illness of a family member  
Family member is a child under 18 years of age  \*Yes  No  
*\*May qualify for protected leave; Absences should be tracked on timecards and within the department*
- Serious health condition of a family member. Relationship: \_\_\_\_\_  
Family member is a:
  - Child under 18 (or over 18 but incapable of self-care due to a disability)?  Yes  No
  - Parent, child, spouse, or next of kin who became injured/ill while on active duty?  Yes  No
  - Veteran undergoing medical treatment, recuperation, or therapy for serious illness or injury?  Yes  No  
*(exception: other than honorable discharge, or discharged more than five years prior to this request)*

### PARENTAL LEAVE

Leave requested for:

- Pregnancy, including prenatal care, birth, and recovery (I am the parent giving birth)  Adoption
- Birth of a baby (I am NOT the parent giving birth)  Placement of a foster child

Do you have a spouse who also works at the University of Oregon?  Yes  No

### MILITARY LEAVE

- Family member called to active duty (exigency, non-medical)  I have been called to active duty

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

\_\_\_\_\_  
Supervisor Signature Date

**Supervisor: Please e-mail form to [HRleaves@uoregon.edu](mailto:HRleaves@uoregon.edu) for evaluation and processing.**

## ELIGIBILITY RULES

### Family Medical & Leave Act (FMLA)

Maximum Leave: 12 weeks in a 12-month period (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.

Eligibility: You must have at least 12 months of employment with the University of Oregon (need not be consecutive service time); AND, during your last 12 months of employment prior to the date leave commences, you must have worked at least 1250 hours. Family members include spouse, parent, child under 18 years of age, or child 18+ and incapable of self-care because of a mental or physical 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 UO employment 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.

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.

If eligible only for OFLA, the definition of a serious health condition closely tracks the FMLA serious health condition definition listed above. OFLA also includes a terminal illness or imminent danger of death, constant or continuing care.

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.

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.

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 stomachs, minor ulcers, and headaches other than migraines).

Hospital Care: Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care 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:

- (1) Treatment two or more times by a health care provider, or
- (2) 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: A chronic condition which:

- (1) Requires periodic visits for treatment by a health care provider;
- (2) Continues over an extended period of time (including recurring episodes of a single underlying condition); and
- (3) 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, a severe stroke, or the 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, etc.), severe arthritis (physical therapy) 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, post-deployment activities sponsored by the military.