

Application for Hardship Leave (UO Police)

University of Oregon – Human Resources
 677 East 12th Ave., Ste. 400 – 5210 University of Oregon
 Eugene OR 97403-5210
 541-346-3159 – fax: 541-346-2548

Employee Request

Employee Name: _____ **UO ID:** _____

Leave Begin Date: _____ **Leave End Date:** _____

I request to use “Hardship Leave” in accordance with Article 33, Section 6 of the **University of Oregon Police Association** Collective Bargaining Agreement.

I read and understand that application for hardship leave shall be in writing and sent to the University’s Human Resource Department, accompanied by the treating physician’s written statement certifying that the illness or injury will continue for at least fifteen (15) calendar days, following the projected exhausting of the accumulated leave. If a Certification of Physician or Practitioner form is on file with the HR Medical Leaves Coordinator for FMLA/OFLA leave and it’s for the same condition with the above information. A new form will not be required. Accumulated leave includes but is not limited to: sick, vacation, personal and compensatory leave accruals.

I understand the following:

- Use of donated leave begins once accrued leave has exhausted.
- If the hardship recipient fails to exhaust donated leave for the purpose for which it was donated, the unused leave will be pooled for use by future eligible university bargaining unit employees who qualify for hardship donations.
- Donations shall be credited at my current regular hourly rate of pay.
- I am not eligible to receive/use Hardship Leave if I am receiving Workers’ Compensation coverage, or short or long term disability.
- In cases of intermittent leave, donated leave will be accessed after all accumulated leave is exhausted. Accumulated leave includes but is not limited to: sick, vacation, personal and compensatory leave accruals.

Applicant's Signature: _____ **Date:** _____

Your phone number or email address - (for your union representative to contact you): _____

Department Payroll Administrator

I certify that the employee leave balances are as follows:

Date Sick Leave Exhausted	Date Vac Leave Exhausted	Date Comp. Time Exhausted	Date Pers. Time Exhausted

Department’s Pay Period: From _____ To _____

Print Name: _____ **Phone:** _____

Payroll Administrator's signature: _____ **Date:** _____

HR Internal Use

Donator Rate of Pay	PEALEAVE / Date	Recipients Rate of Pay	Total Sick Leave Hours Donated	HR Representative & Date

UO Police Association – Article 33; Section 6. Hardship Leave

These provisions shall apply for the purpose of allowing employees within the bargaining unit to irrevocably donate accrued vacation leave or compensatory time for use by eligible University bargaining unit employees as sick leave. If a hardship donation recipient dies or otherwise fails to exhaust donated leave for the purpose for which it was donated, the unused leave will be pooled for use by future recipients. For purposes of this Agreement, hardship leave donations will be administered under the following stipulations and the terms of this Agreement shall be strictly enforced with no exceptions.

(A) The recipient and donor must be regular employees of the University.

(B) The University shall not assume any tax liabilities that would otherwise accrue to the employee.

(C) Use of donated leave shall be consistent with those provisions found under Section 2 of this Article.

(D) Applications for hardship leave shall be in writing and sent to the University's Human Resource Unit and accompanied by the treating physician's written statement certifying that the illness or injury will continue for at least fifteen (15) calendar days following the donee's projected exhausting of the accumulated leave. Donated leave may be used intermittently.

(E) Donations shall be credited at the recipient's current regular hourly rate of pay. Donations shall be used to reimburse the University for such costs as are incurred for insurance contributions pursuant to Article 24 - Insurance unless health insurance payments are mandated under the Family Medical Leave Act (FMLA).

(F) Accumulated leave includes but is not limited to sick, vacation, personal, and compensatory leave accruals.

(G) Employees receiving Workers' Compensation, or short or long-term term disability, will not be considered eligible to receive donations under this Agreement. Employees on parental leave that does not qualify under FMLA will not be eligible to receive donations under this Agreement.

Article 39, Section 14(c), Vacation Leave of UO Police Association:

. . . Employees who retain such vacation leave will not be eligible for hardship leave under Article 33 – Sick Leave, Section 6 unless and until they have exhausted such vacation leave along with all other accumulated leave.

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Certification of Physician or Practitioner

If this leave is covered under FMLA/OFLA, certification by a physician may have already been submitted.

1. Employee Name: _____

2. Family Member/Patient's Name: _____

3. Date patient/employee condition commenced: _____

4. Probable duration of patient/employee incapacity: _____

Please select one:

I certify that the employee will be needed to care for

(Family Member name) _____

From: (date) _____ to: (date) _____

I certify that (employee) _____ will be totally incapacitated

from: (date) _____ to: (date) _____

I certify that (employee) _____ will be partially incapacitated

from: (date) _____ to: (date) _____

(Physician's Name & Address) _____

(Physician's signature) _____ (date) _____

Submit the completed application with certification to:

Human Resources
Medical Leaves Coordinator
5210 University of Oregon
Eugene OR 97403-5210
Telephone: (541) 346-2950
Fax: (541) 346-2548
E-mail: HRLeaves@uoregon.edu