

Name _____ ID _____ Classified
 Last First MI _____ Academic/Unclassified

Starting and Ending Dates of Total Leave Request

I request leave from official duty beginning on _____ at _____ and ending on _____ at _____
 Mo Day Year Time Mo Day Year Time

Total number of hours requested: _____

Reason(s) for Leave

- | | | |
|---|---|---------------|
| <input type="checkbox"/> Personal Business | <input type="checkbox"/> Other | Notes/Remarks |
| <input type="checkbox"/> Vacation | <input type="checkbox"/> Military Leave | _____ |
| <input type="checkbox"/> Sick (Self, minor conditions) | <input type="checkbox"/> Jury Duty | _____ |
| <input type="checkbox"/> Sick (Care for a family member, minor conditions) | <input type="checkbox"/> Furlough | _____ |
| <input type="checkbox"/> Your serious health condition / pregnancy disability (requesting FMLA/OFLA leave). | | |
| <input type="checkbox"/> Family member with serious health condition (requesting FMLA/OFLA leave). | | |
| <input type="checkbox"/> Care of a newborn child (requesting FMLA/OFLA leave). Are you requesting reduced working hours? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| <input type="checkbox"/> Placement/adoption/foster care of child (requesting FMLA/OFLA leave). Are you requesting reduced working hours? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| <input type="checkbox"/> Family member on duty or call to active duty status in support of an emergency operation as a member of the National Guard or Reserves (requesting FMLA/OFLA leave). | | |
| <input type="checkbox"/> Family member is a servicemember with a serious injury or illness (requesting FMLA/OFLA leave). | | |
- For more information regarding the Family and Medical Leave Act (FMLA) / Oregon Family Leave Act (OFLA), refer to page 2.*

Leave Allocation

I request that my absence be charged as designated below. (Show how you plan to allocate leave time taken. Next to leave type, enter order of usage, start and end dates, and the number of hours you anticipate taking.) I understand that I am responsible for knowing my leave balances and availability for use. (Your balances are available at [OSU Online Services](#).)

Order of Usage	Start Date	End Date	Number of Hours
_____ Sick leave	_____	_____	_____
_____ Vacation leave	_____	_____	_____
_____ Personal leave (classified only)	_____	_____	_____
_____ Furlough leave	_____	_____	_____
_____ Compensatory time	_____	_____	_____
_____ Leave without pay*	_____	_____	_____
_____ Leave with pay (examples: military leave, jury duty, bereavement leave, special day)	_____	_____	_____

* Leave without pay -- classified employees (FMLA/OFLA only): I request to retain _____ hours of vacation leave (not to exceed 40 hours) for use after I return from leave. I understand that I may not add these retained hours to the end of my leave before I return to work. Attach a copy of this request to your timesheet that reflects the leave without pay. This request must be filed with your department at the time you request your leave and before your timesheet has been processed by your business center [human resources staff](#).

Employee Signature _____ Date _____

Review and Approvals

Supervisor: Return a copy to the employee; keep original for your records. **If the employee is requesting FMLA/OFLA leave, you must send a copy of this form to the Employee Benefits Section of the Office of Human Resources for approval and federal recordkeeping requirements within 30 days. If leave is unforeseen, send form as soon as practicable or ordinarily within two business days after the need for leave becomes known.**

- Approved Not Approved (Reason) _____
- Approved reduced working hours "parental care only" (subject to supervisor's approval; refer to page 2)

Supervisor/Department Head/Chair Signature _____ Date _____ Department _____

Office of Human Resources: (Leaves covered by FMLA/OFLA only)
 Signature indicates that leave request is authorized.

- Approved (subject to receipt of medical certification) Not Approved; Reason _____

Human Resources Signature _____ Date _____ Telephone _____

Oregon State University Employee Leave Request Instructions

Reason(s) for Leave

Check the box that applies to your reason(s) for leave.

Reason(s) for Leave - Non-FMLA/OFLA: Notify your supervisor of current or pending absence by using this Employee Leave Request form. Complete the Employee Leave Request form before leave is taken, up to 15 days in advance. In the event of an unplanned absence, complete the Employee Leave Request form as soon as possible.

Reason(s) for Leave - FMLA/OFLA: If the need for FMLA/OFLA leave is foreseeable due to a planned medical treatment, you must make a reasonable effort to schedule the leave so as not to disrupt your unit's operations by consulting with your supervisor. In such cases, you are to provide your supervisor at least 30 days advance notice of the need for leave. If 30 days advance notice is not possible, you are to provide notice to your supervisor as soon as practicable, ordinarily within two business days after the need for leave becomes known. You may designate a personal representative to act on your behalf, if necessary. You are required to request FMLA/OFLA leave in writing by submitting this Employee Leave Request form to your supervisor or to the Office of Human Resources. FMLA/OFLA leave will be provisionally invoked when the Office of Human Resources (OHR) receives the Employee Leave Request form. For more information, refer to the Family Medical Leave Handbook, Invoking FMLA/OFLA, available at:

<http://oregonstate.edu/admin/hr/sites/default/files/ercc/fmla/fmla-handbook.pdf>.

Leave Allocation

Select the type of leave you intend to use and the order in which it will be utilized (example: Sick leave 1, Vacation 2, Leave without pay 3). Complete the form and give the start and end date(s) and number of hours to be taken on that date(s). You are responsible for knowing your leave balances and availability for use. To check your leave balances, please visit:

<http://infosu.oregonstate.edu/login>.

Additional information on leave usage guidelines are available at: http://oregonstate.edu/admin/hr/leave_admin_pol.pdf.

Non-FMLA/OFLA Leave Usage (classified employees only): Once sick leave is exhausted, you must use all of your other paid leave balances if the period of absence is for reasons identified in the collective bargaining agreement, Article 40-Sick Leave, prior to going on authorized leave without pay. For more information, refer to leave usage guidelines located at:

http://oregonstate.edu/admin/hr/leave_admin_pol.pdf.

FMLA/OFLA Leave Usage:

Sick Leave: An employee (classified or unclassified) must **first** use available accrued sick leave during FMLA/OFLA leave prior to using other types of leave, paid or unpaid.

Vacation Leave Usage: Upon exhausting all accrued sick leave, an unclassified employee (academic, research, or professional faculty) may use accrued vacation leave during an FMLA/OFLA qualifying leave before going on Leave Without Pay (LWOP). A classified employee, upon exhausting all accrued sick leave, must use all accrued vacation leave during a FMLA/OFLA qualifying leave before being placed on LWOP. *Note: See the OUS/SEIU Collective Bargaining Agreement, Article 47-Vacation Leave, Section 14, regarding an employee's option to retain up to 40 hours of accrued vacation leave.*

Personal Leave Days (classified employees only): Upon exhausting all accrued sick leave, you have the right to use your unused paid personal leave days during FMLA/OFLA leave prior to using accrued vacation leave.

Review and Approvals

Non-FMLA/OFLA leave request: If approved, the supervisor will provide a copy of the signed form to the employee, and a copy will be submitted to your business center [human resources staff](#) for leave reporting purposes.

FMLA/OFLA leave request: If you are unable to submit an Employee Leave Request form due to the nature of your condition or emergency, you can request that your supervisor submit the form on your behalf. If you are not able to contact your supervisor in a timely manner, you are encouraged to have your personal representative call the supervisor.

Medical Certification Requirements

Refer to the Family & Medical Leave Handbook located at:

<http://oregonstate.edu/admin/hr/sites/default/files/ercc/fmla/fmla-handbook.pdf>.