

Logos Public Charter School Policy

Code: GCBDA/GDBDA-AR(2)
Revised/Reviewed: 1/11/21

Employee Request for OFLA Leave

(For employers that offer OFLA or employers with 25 to 49 eligible employees.)

PLEASE PRINT

Where the need for the leave may be anticipated, a written request for OFLA leave must be made, if practical, at least 30 days prior to the date the requested leave is to begin. Failure to provide timely notice could result in the public charter school reducing the available OFLA leave by up to three weeks.

Name _____ Effective Date of the Leave _____
Department _____ Title _____
Status: Full-time Part-time Temporary Hire Date _____ Length of Service _____

I request OFLA leave for one or more of the following reasons:

1. Because of the birth of my child and to care for him or her.

Expected date of birth _____ Actual date of birth _____
Leave to start _____ Expected return date _____

2. Because of the placement of a child with me for adoption or foster care.

Age of child _____ Date of placement _____
Leave to start _____ Expected return date _____

3. To care for a family member with a serious health condition.

Leave to start _____ Expected return date _____

Please check one: spouse parent (biological parent of an employee or an individual who stood “in loco parentis” to an employee when the employee was a child child (including the biological, grandchild, adopted, foster child or stepchild of an employee or a child with whom the employee is or was in a relationship of “in loco parentis” parent-in-law or the parent of the employee’s registered domestic partner custodial parent non custodial parent adoptive parent stepparent foster parent grandparent grandchild

Please state name and address of relation:

Name _____ Address _____

Describe serious health condition _____

4. A sick child leave due to the closure of a child’s school or child care provider.

5. For a serious health condition which prevents me from performing my job functions.

Describe

Leave to start

Expected return date

Regarding 3 or 4 above, request intermittent (reduced workday hours) or reduced leave (fewer workdays each workweek) schedule or alternate duty (if applicable, subject to employer's approval). Please describe schedule of when you anticipate you will be unavailable to work:

6. To care for a child with a condition requiring home care which does not meet the definition of serious health condition and is not life threatening or terminal. Yes No

Have you taken OFLA leave in the past 12 months? Yes No
If yes, how many workdays?

7. Leave for the spouse of a military personnel when they have been notified of an impending call to active duty, ordered to active duty, has been deployed or is on leave from deployment.

8. For the death of a family member.

I understand that I may use any available accrued paid leave, including personal and sick leave or available accrued vacation leave during the leave period.

If my request for a leave is approved, it is my understanding that without an authorized extension when the need for an extension could be anticipated, I must report to duty on the first workday following the date my leave is scheduled to end. I understand that failure to do so will constitute unequivocal notice of my intent not to return to work and the public charter school may terminate my employment. (A Fitness-for-Duty Certification may be required.)

I authorize the public charter school to deduct from my paychecks any employee contributions for health insurance premiums, life insurance or long-term disability insurance which remain unpaid after my leave, consistent with state law.

I have been provided a copy of the public charter school's family and medical leave policy with this OFLA leave request form.

Signature of Employee:

Date: