MITCH Charter School

Code: GCBDA/GDBDA-AR(2)
Revised/Reviewed: 7/20/23

Employee Request for OFLA Leave

PLEASE PRINT

Where the need for the leave may be anticipated, 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]

1. □ Because of the birth of my child and to care for my child.

   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[2] with a serious health condition.

   Leave to start _____ Expected return date _____

   Please check one: □ spouse[3] □ 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

[1] A physician's certification may be required to support a request for OFLA leave. In addition, a fitness-for-duty certification may be required before reinstatement following the leave.

[2] "Family member," means the spouse, custodial parent, noncustodial parent, adoptive parent, foster parent, biological parent, stepparent, parents-in-law or parents of the employee's registered domestic partner, grandparent, grandchild or a person who was "in loco parentis" to the employee when the employee was a child. It also includes the child of the employee (biological, adopted, foster, stepchild, legal ward or the child of an employee's registered domestic partner, or a child with whom the employee is or was in a relationship of "in loco parentis."

[3] "Spouse" means individuals in a marriage including "common law" marriage, same-sex marriage or same-sex individuals with a Certificate of Registered Domestic Partnership.

partner □ custodial parent □ noncustodial 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 am required to use any available accrued paid leave, including personal and sick leave or available accrued vacation leave before taking OFLA leave without pay during the leave period. The school will specify the order in which the available paid leave is used.

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: _____