

## REQUEST FOR LEAVE OF ABSENCE

See "Leave of Absence" at <http://www.pcc.edu/hr/benefits/summary/leave/> for more detail.

PCC may grant a leave of absence to an employee as detailed in the Faculty and Academic Professional Agreement, the Classified Agreement or the Management/Confidential Handbook. An approved leave begins the first day an employee is off work and normally will not exceed one year.

Employee Name _____	G-number _____		
Supervisor/Supervisor _____	Phone _____		
Begin Date _____	End Date _____		
Full Leave _____	Partial Leave* _____		
<p>*Full-time faculty requesting partial leaves must complete a projection of the number of Faculty Days you expect to complete this contract year using the Faculty Annual Work Schedule form.</p>			
<p>REASON FOR LEAVE: (check one)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Medical/self  <input type="checkbox"/> Medical/family _____ Relationship  <input type="checkbox"/> Parental _____ Due Date  <input type="checkbox"/> OFLA Bereavement (maximum of 2 weeks per event)         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Personal (Education, etc.)  <input type="checkbox"/> Temporary (to take another PCC job)  <input type="checkbox"/> Workers Compensation  <input type="checkbox"/> Other (Explain below)         </td> </tr> </table>		<input type="checkbox"/> Medical/self <input type="checkbox"/> Medical/family _____ Relationship <input type="checkbox"/> Parental _____ Due Date <input type="checkbox"/> OFLA Bereavement (maximum of 2 weeks per event)	<input type="checkbox"/> Personal (Education, etc.) <input type="checkbox"/> Temporary (to take another PCC job) <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Other (Explain below)
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Explanation _____			
<p>This leave is conditional pending all required approvals below.          Employees on leave for medical reasons are required to provide 1) a Certification of Health Care Provider and 2) a Fitness for Duty Certification to return to work. Both are available on the HR website.</p>			
Employee Signature _____	Date _____		
<p>The following is to be completed by the supervisor and forwarded for approvals:</p> <ul style="list-style-type: none"> <li>• Medical/self or family or Workers Comp: Supervisor acknowledge request and forward to HR/Benefits.</li> <li>• Parental or Bereavement: Supervisor acknowledge request and forward to HR/Benefits.</li> <li>• Personal or Temporary: Supervisor approve request, forward to Campus President/Vice President for approval, then forward to HR/Benefits.</li> <li>• Employee will advise the supervisor by ___ / ___ / ___, of intent to return upon completion of leave.</li> </ul>			
Supervisor _____	Date _____		
<input type="checkbox"/> Acknowledgement (medical/parental/bereavement leave) <input type="checkbox"/> Approval (personal/temporary leave) (check one)			
Campus President/Vice President Approval (personal/temporary leave) _____	Date _____		
HR/Benefits Approval (all leaves) _____	Date _____		

**Information on your Leave of Absence will be mailed to your home when your request is processed.**

**PCC HR/Benefits Contact Information:**

Kim Searcy, 971-722-5863, [kim.searcy@pcc.edu](mailto:kim.searcy@pcc.edu)

Robyn Hill, 971-722-5822, [robyn.hill@pcc.edu](mailto:robyn.hill@pcc.edu)

Juliette Anderson, 971-722-5859, [juliette.anderson@pcc.edu](mailto:juliette.anderson@pcc.edu)

Address: PCC HR/Benefits, PO Box 19000, Portland, OR 97280; Intercampus mail: DC-321

Fax: 971-722-5604

**Information and forms:**

<http://www.pcc.edu/hr/benefits/leave/>

## LEAVE OF ABSENCE GUIDELINES AND NOTICE

Employees who want to take vacation, military, medical, family medical, parental, bereavement, personal, or education leaves of absence must follow procedures for requesting time off as detailed in the employee agreement or handbook. For personal medical and family medical leaves of absence, employees must complete a Request for Leave of Absence form and have their health provider submit a Certification of Health Care Provider form. This request provides a basis for determining if the leave qualifies for pay and benefits and if it qualifies for protected status under federal and state leave laws. Failure to submit a completed leave request may result in delay or denial of leave and benefits. Return this form to PCC, HR/ Benefits, P O Box 19000, Portland, OR 97280, or Fax to 971-722-5604.

### GENERAL INFORMATION

- It is the responsibility of the employee to confirm issues regarding vacation, sick leave or unpaid leave use, time card completion, benefit plan premiums, benefit eligibility, leave bank use and application for long-term disability when applicable. Information may be obtained from HR/Benefits.
- The Supervisor will discuss denied leave requests with the employee; HR/Benefits may assist, if requested.
- Medical and parental leaves are generally limited to a maximum of 12 weeks within the past 12 months. Bereavement leaves are generally limited to a maximum of 2 weeks per event. Requests for longer leaves should be discussed with HR/Benefits.
- Whenever applicable, leaves will be counted toward family and medical leave allowances under state, federal or both types of leave laws. When leave is approved, HR/Benefits will notify the employee of the specific leave entitlements against which the leave will be counted.
- Medical and Family leave shall normally be without pay. However, employees may elect to exhaust all unused sick and/or vacation leave, compensatory time, or personal leave days before being placed on unpaid status.
- If the leave is counted toward protected family and medical leave allowance under federal law, employees may continue group health insurance during this leave on the same basis as if they were actively working, but the employee portion of the premium payment, if any, must be received by the first of the month prior to coverage. Checks are payable to Portland Community College and mailed to Payroll, PO Box 19000, Portland, OR 97280. Be sure to write your G-number on the check.
- At the end of a protected leave, employees will return to the same or equivalent position held before the leave began.

### TO THE EMPLOYEE: PROCEDURES FOR REQUESTING A LEAVE OF ABSENCE

- If you will be absent for 3 or more work days, you must request a leave of absence.
- If the leave is for medical reasons, either your own or an immediate family member, you must have the health care provider complete a Certification of Health Care Provider. Send the form directly to HR/Benefits. Complete the upper portion of the Leave request and give it to your supervisor when you talk with him/her about your leave. Your supervisor will sign the form and send it directly to HR/Benefits.
- You and your supervisor must set a date when you will let him/her know if you will be returning to work as scheduled.
- You will receive a letter from Human Resources explaining the details of your leave, any reporting requirements, the impact of the time off on your pay and benefits and any additional paperwork needed.
- You must complete and submit timecards while you are on leave. For guidance, please contact HR/Benefits.
- If your leave is for your own medical condition, you must provide a Fitness for Duty Certification to return to work. This release must include any restrictions or limitations you have in performing your job. Give it to your supervisor and send a copy to HR/Benefits.

### TO THE SUPERVISOR/MANAGER: PROCEDURES FOR PROCESSING A LEAVE OF ABSENCE

- Discuss the length and conditions of the requested leave of absence with the employee. If you have concerns or questions, please contact your HR Representative. After meeting with the employee, sign the request form acknowledging/approving the request. Enter a date by which the employee is to contact you regarding the ability to return to work. If the leave is medical, remind the employee that a Certification of Health Care Provider is required for approval by HR/Benefits. If the employee is unable to request a leave of absence, discuss the leave with HR/Benefits. It is your responsibility to approve the employee's timecards while he/she is on a leave of absence.
- If the request is for **medical, parental, bereavement or Workers Compensation leave**, forward the signed form directly to HR/Benefits. All medical information is confidential and protected and should be sent directly to HR/Benefits. Do not look at the Certification of Health Care Provider or make a copy. If the request is for **personal or temporary leave**, forward the signed form to your campus president/vice president for approval. After signature, send the form directly to HR/Benefits.
- You will be copied on all HR/Benefits correspondence with the employee. Contact HR/Benefits regarding the employee's return to work or an extension of their leave if needed.