

## REQUEST FOR LEAVE OF ABSENCE

For more information and forms, visit the Leave website at <http://www.pcc.edu/hr/benefits/leave/>.

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 _____
Immediate Supervisor/Dean _____	Phone _____
Begin Date _____	End Date _____
Full Leave _____	Partial Leave* _____
Intermittent Leave* _____	
*Full-time faculty requesting partial or intermittent leave must provide a projection of the number of Faculty Days you expect to complete this contract year using the <b>Faculty Annual Work Schedule form</b> .	
REASON FOR LEAVE: (check one)	
<input type="checkbox"/> Medical/Self	<input type="checkbox"/> Personal (Education, etc.)
<input type="checkbox"/> Medical/Family _____ Relationship	<input type="checkbox"/> Worker's Compensation
<input type="checkbox"/> Parental-Child Bonding _____ Due Date	<input type="checkbox"/> Other ( <b>explain below</b> )
<input type="checkbox"/> OFLA Bereavement (max of 2 weeks per event)	
<input type="checkbox"/> If receiving Paid Family Medical Leave from The Standard, I wish to use my accrued leave to supplement up to full salary, as needed.	
Explanation _____	
<b>This leave is conditional pending all required approvals below.</b>	
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.	
_____ Employee Signature	_____ Date
The following is to be completed by the supervisor and forwarded for approvals:	
<ul style="list-style-type: none"> <li>• Medical/Self, Medical/Family, Parental-Child Bonding, Bereavement, Worker's Compensation: Supervisor/Dean acknowledge request and forward to Benefits.</li> <li>• Personal: Supervisor/Dean approve request <b>or</b> connect with Senior People Partner for discussion, forward approved requests to appropriate Executive for approval, then forward to Benefits.</li> <li>• Employee will advise the supervisor/dean by ___ / ___ / ___ of intent to return upon completion of leave.</li> </ul>	
_____ Immediate Supervisor/Dean (check one)	_____ Date
<input type="checkbox"/> Acknowledgement (medical/parental/bereavement leave) <input type="checkbox"/> Approval (personal leave)	
_____ President or Vice President Approval (personal leave only)	_____ Date
_____ Benefits Approval (all leaves)	_____ Date

Return completed forms and direct questions to: **Benefits-group@pcc.edu**, Intercampus mail: SY CC 102  
Address: PCC - Benefits, PO Box 19000, Portland, OR 97280

You may be eligible for Paid Family Medical Leave (PFML). File a claim with The Standard at 1-866-756-8115.

## 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 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 Benefits at [Benefits-group@pcc.edu](mailto:Benefits-group@pcc.edu), SY CC 102, PCC – Benefits, PO Box 19000, Portland, OR 97280.

### GENERAL INFORMATION

- It is the responsibility of the employee to confirm issues regarding vacation, sick leave or unpaid leave use, timecard completion, benefit plan premiums, benefit eligibility, leave bank use and application for long-term disability, or Paid Family Medical Leave (PFML) when applicable. Information may be obtained from Benefits.
- The immediate Supervisor/Dean will discuss denied leave requests with the employee; 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 within 60 days of death. Requests for longer leaves should be discussed with Benefits.
- Whenever applicable, leaves will be counted toward family and medical leave allowances under state and federal leave laws. When leave is approved, Benefits will notify the employee of the specific leave entitlements against which the leave will be counted.
- Medical and Family leave may be taken without pay. Paid Family Medical Leave (PFML) may be available through The Standard at 1-866-756-8115 **OR** employees may elect to use accrued sick, vacation, compensatory time, or personal leave days before being placed on unpaid status. **Pay from PFML and employee accrued leave will not exceed 100% of salary.**
- If the leave is counted toward protected family and medical leave allowance under federal law or state 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. Amounts owed may be paid under the "Paying for College" tab of MyPCC.
- 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 workdays due to an FMLA/OFLA event, 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 Benefits. Complete the upper portion of the Leave request and give it to your supervisor/dean when you talk with them about your leave. Your supervisor/dean will sign the form and send it directly to Benefits.
- You and your supervisor/dean must set a date when you will let them know if you will be returning to work as scheduled or will need more time away.
- You will receive a letter from Benefits 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 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/dean and send a copy to Benefits.

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

- Discuss the length and conditions of the requested leave of absence with the employee. 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 Benefits. If the employee is unable to request a leave of absence, discuss the leave with Benefits. It is your responsibility to approve the employee's timecards while they are on a leave of absence.
- If the request is for **medical (self or family), parental-child bonding, bereavement, or Worker's Compensation leave**, forward the signed form directly to Benefits. All medical information is confidential and protected and should be sent directly to Benefits. Do not look at the Certification of Health Care Provider or make a copy. If the request is for **personal leave**, forward the signed form to your Vice President for approval. After signature, send the form directly to Benefits. If you have concerns or questions, please contact your Senior People Partner to discuss.
- You will be copied on the Leave Notice that Benefits emails out. Contact Benefits regarding the employee's return to work or an extension of their leave if needed.