

# REQUEST FOR LEAVE OF ABSENCE

See "Leave of Absence" at https://www.pcc.edu/hr/benefits/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/Dean:	
Begin Date End Date Continuou	s 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)  ☐ Medical/self	□ Personal (Education, etc.)
☐ Medical/familyRelationship	☐ Workers Compensation
	□ Other ( <b>Explain below</b> )
<ul> <li>□ OFLA Bereavement (maximum of 2 weeks per event)</li> <li>□ If receiving Paid Family Medical Leave from The Standard, I wish to use my accrued leave to supplement up to a full salary, as needed.</li> </ul>	
Explanation	<del>_</del>
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.	
Employee Signature	Date
Please also let your manager know of this planned/needed leave of absence. We will update your leave status in Workday.	

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

## **PCC Benefits and Leave Contact Information:**

Email: PCCBenefits@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 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 <a href="PCCBenefits@pcc.edu">PCCBenefits@pcc.edu</a>, 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 time in Workday 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.