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## CANBY SCHOOL DISTRICT CERTIFIED LEAVE REQUEST

Name \_\_\_\_\_ Date \_\_\_\_\_

Employee ID # \_\_\_\_\_ Building \_\_\_\_\_

Date(s) of requested leave: \_\_\_\_\_ Total # hours: \_\_\_\_\_

**Sick Leave:** Article 14, A.

**Sick Leave for Family Care:** Article 14, A.

Up to 10 days per year of sick leave may be used to care for "an ill family member who regularly resides within the immediate household of the employee".

**Personal/Emergency Leave:** Article 14, C (Noted as "Business Day" on employees' paycheck stub)

Maximum of 3 days per year at full pay; 2 additional days less cost of a substitute; not less than half-day blocks. "...to attend to matters...during school hours or to deal with emergency situations beyond their control...cannot be used for recreational purposes or...extending a vacation or holiday. Except for emergency...employee shall provide at least one (1) day notification..."

Employee confirms that the leave conforms to the stipulations of article 14, C.

**Bereavement Leave:** Article 14, & B.

Immediate family/household member: Up to 5 days plus additional 5 days less cost of substitute; "... in the event of death of a teacher's spouse, child, brother, sister, mother, father, grandparents, grandchildren, mother-in-law, father-in-law, daughter-in-law, or any member of the immediate household."

Friend/relative outside household: One day with prior approval.

**Jury Duty/Court Subpoena:** Article 14, E

Attach copy of:      Summons    Subpoena

**Military Leave:** Article 14, D. ORS 408.290

Attach copy of military orders

**Unpaid Leave:**

Pre-authorized *Employee Request for Unpaid Leave* form must accompany this form.

*I have reviewed the contractual provisions covering the requested leave and I state that this request is within those provisions or meets definitions/qualifications for FMLA/OFLA.*

**Signature of employee:** \_\_\_\_\_

Signature

Date

**Approval of principal/supervisor:** \_\_\_\_\_

Signature

Date