

CANBY SCHOOL DISTRICT
CLASSIFIED EMPLOYEE LEAVE REQUEST

Name _____ Date _____

Employee # _____ Building _____

Date(s) of requested leave: _____ Total # Hours: _____

- Sick Leave** as per Article 11.
- Sick Leave for Family Care:** (up to 3 days per year) as per Article 11. “. . .Up to three days per year of sick leave may be used to care for a member of the immediate family (as defined in . . . Bereavement Leave) . . . who is ill or injured.”
- Emergency/Family Care Leave:** (Noted as “Business Day” on employees’ paycheck stub):
Maximum of 3 days as per Article 11.
 - Family care** as per Article 11 “. . . to be used for care of the employee's immediate family as defined in . . . Bereavement Leave. . . hereof except that the immediate family member being cared for must reside in the household of the employee. The employee shall certify that no one else is available to care for the ill or injured family member, and that attendance by a family member is necessary.”
 - Emergency Leave** as per Article 11. “. . .defined as leave used in situations beyond the control of the employee which require absence during school hours. Legal, business, household, or family matters which cannot be handled outside school hours qualify for emergency leave. Such leave cannot be used for recreational purposes, the extension of vacations or holidays, avocational or volunteered services, to prepare for employment with another employer, or the inability to report to work because of inclement weather.”
- Bereavement Leave:** Immediate family as defined in Article 11. “. . . shall be defined to include spouse, parents, children, brother, sister, grandparents, grandchildren or spouse's immediate family. Other persons . . . considered as members of the immediate family, provided they are living in the home of the employee or are dependent upon the employee for support, or may be considered as members of the immediate family if they have maintained a familial relationship with the employee at any time in the past.”
Up to 3 days; 2 additional days upon request; 1 day for non-family/friend with prior approval.
 - Immediate family/household member Friend/relative outside household
- Jury Duty/Court Subpoena:**
Attach copy of: Summons Subpoena
- Vacation** (if available): Article 10.
- Military Leave:** 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