



Faculty Donated Leave Bank Request for Benefit Form

Employee Information

V#	Last Name	First Name	Middle Name

Contact Phone Number	Email Address	Department	Position

Date of Request	Hire Date

I hereby request _____ hours of sick leave benefits from the Donated Leave Bank for the following reason (check one):

- Parental Leave – Taken during the year following the birth of a child or adoption or foster placement of a child under 18, or a child 18 or older if incapable of self-care because of mental or physical disability. Includes leave to effectuate the legal process required for foster placement or adoption (Up to 12 weeks).
- Serious Health Condition – Employee’s own serious health condition or to care for family members serious health condition. Serious Health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee’s job or prevents the qualified family member from participating in school or other daily activities. (Up to 12 weeks) NOTE: Does not include an employee unable to work due to a compensable Workers Compensation injury.
- Pregnancy disability leave– (a form of serious health condition leave) taken by a pregnant or recently pregnant employee for an incapacity related to pregnancy or childbirth, occurring before or after the birth of the child, or for prenatal care. (Up to 12 weeks)
- Sick child leave - taken to care for an employee’s child with an illness or injury that requires home care but is not a serious health condition. (Up to 12 weeks) Requires medical certification.
- Bereavement leaves - to deal with the death of a family member. (Up to 2 weeks within 60 days of notice per occurrence)
- Oregon Military Family Leave - taken by the spouse or same gender domestic partner of a service member who has been called to active duty or notified of an impending call to active duty or is on leave from active duty during a period of military conflict. (14 days per deployment)
- Military Family Leave – a) Qualifying exigencies related to covered active duty or call to covered active-duty status for the employee or family member (12 weeks); and, b) Care for a covered service member for a serious injury or illness. (26 weeks)

Please include any needed documentation to support the request.

Signature	Date

Route form to Human Resources for processing.

HR Internal Use ONLY

Date Received	Hours Donated	Received By:	Notes