

GE Family & Medical Leave Request

Graduate School
170 Susan Campbell Hall – 1219 University of Oregon
Eugene OR 97403-1219
541-346-5129– fax: 541-346-2804
gradsch@uoregon.edu

Employee: To request family or medical leave, please complete this form and submit it to your supervisor. Please print clearly.

Employee Name: _____ Academic Dept: _____
 UO ID: _____ Hiring Dept: _____
 UO Email: _____ Supervisor: _____
 Email address while on leave: _____
 Date of first day of leave: _____
 Returning Date: _____
 (leave blank if unknown)

LEAVE INFORMATION

Leave requests are subject to policies in the GTFF Collective Bargaining Agreement.

MEDICAL LEAVE REQUESTED FOR:

- A serious health condition of the GE which makes the GE unable to perform their duties
 The care of a spouse (or equivalent in accordance with Oregon state law), child, or parent of the GE if a serious health condition exists

By signing below, I attest that I have a qualifying event for receiving family/medical leave, I understand that I may be asked to provide supporting documentation for this request and that any false statements in this form may be cause for discipline.

PARENTAL LEAVE REQUESTED FOR:

- Birth or adoption of a child and in order to care for such child

By signing below, I attest that I have a qualifying event for receiving paid parental leave, including either (1) the birth of a child or (2) placement of a child with me for adoption or foster care. I understand that I may be asked to provide supporting documentation for this request and that any false statements in this form may be cause for discipline.

GE APPOINTMENT INFORMATION

The following will help determine retention of tuition, fees, and health insurance benefits as per the GTFF Collective Bargaining Agreement.

Term(s) affected by this leave: Fall 20____ Winter 20____ Spring 20____ Summer 20____

Original FTE for each term: _____

Number of hours of work you have or will have performed during affected term(s): _____

Employee Signature Date Director of Graduate Studies in hiring department Date
Acknowledgement only, not for approval purposes

Electronic signatures are acceptable

DGS/Grad Coordinator: Please e-mail signed form to gradsch@uoregon.edu for evaluation and processing.

Graduate School office use only

Effective FTE: Fall _____ Winter _____ Spring _____ Summer _____
 Insurance Insurance Insurance Insurance
 Tuition Tuition Tuition Tuition

Graduate School Signature Date