

EMPLOYEE NAME: _____

ID #: _____

I request one day or less: _____
date hours

I request more than one day: _____
start date end date return to work date total # of hours

I request that my absence be charged to: (may not apply to all employee groups)

- ☐ Sick** ☐ Vacation ☐ Comp Time ☐ Personal Leave
☐ Jury Duty ☐ Military Leave ☐ Bereavement Leave
☐ Unpaid Leave ☐ Workers' Comp Injury

Explanation of Absence: _____

****required for Sick****

IF OFLA / FMLA LEAVE, PLEASE COMPLETE THIS SECTION

and turn into HR immediately. HR will forward to Supervisor.

Otherwise, please proceed to signature line and turn into Supervisor.

I am requesting an absence because of one of the following reasons:

[Please check appropriate box]

- ☐ My serious health condition [OFLA/FMLA]
☐ Spouse, parent, or child with serious health condition [OFLA/FMLA]
☐ Grandparent, grandchild, parent-in-law or same-sex domestic partner with serious health condition [OFLA]
☐ Sick child requiring home care [OFLA]
☐ Pregnancy (includes prenatal care, or incapacity due to pregnancy or childbirth , and recovery) [OFLA/FMLA]
☐ Care for a newborn child [OFLA/FMLA]
☐ Placement or adoption of child [OFLA/FMLA]

I am requesting an altered or reduced work schedule for medical reasons, and these are my scheduling needs:

Do you have a family member who works for TVCC who is also requesting time off for the same purpose?

☐ not applicable ☐ Yes (restrictions may apply)

NOTE: It may be necessary for Human Resources to request medical certification or additional information to determine whether the leave is OFLA/FMLA qualifying.

Confidentiality: Any medical information will be kept in a confidential file and will be used only to determine eligibility for OFLA/FMLA and to track leave.

date received :Human Resources: ☐ OFLA ☐ FMLA ☐ pending add'l information or medical certification

EMPLOYEE SIGNATURE: _____

- ☐ Request Approved
☐ Not Approved

Supervisor's Signature: _____ Date: _____

"SERIOUS HEALTH CONDITION" for OFLA / FMLA

- * Hospital Care: **Inpatient Care** (an overnight stay).
- * Absence Plus Treatment: A period of **incapacity or more than 3 consecutive calendar days** that also involves: a) **treatment two or more times** by a health care provider; or b) treatment by a health care provider on at least one occasion which results in a regimen of **continuing treatment (prescription, antibiotics, therapy; does not include OTC, bed-rest or drinking fluids)**.
- * **Pregnancy:** any period of incapacity due to pregnancy or for prenatal care.
- * Chronic Conditions requiring Treatment: a **chronic condition** which a) requires **periodic visits** by a health care provider; b) continues over **extended period of time** (includes recurring episodes of single condition); and c) may cause **episodic** incapacity (asthma, diabetes, epilepsy).
- * **Permanent/Long-Term Conditions:** incapacity which is permanent or long-term due to condition; must be under the **continuing supervision** of a health care provider (Alzheimer's, severe stroke, terminal stages of a disease).
- * **Multiple Treatments** (non-chronic conditions): any period of absence to receive multiple treatments (including recovery therefrom) by a health care provider for **restorative surgery after an accident or injury, or** for a condition that would likely **result in incapacity** of more than 3 consecutive calendar days in the absence of treatment (cancer - chemotherapy, radiation; severe arthritis - physical therapy; and kidney disease - dialysis).

Illnesses that do **not** qualify as a "serious health condition"

- * Colds
- * Earaches
- * Flu
- * Routine headaches
- * Sore throat
- * Upset stomach, minor ulcers
- * Routine doctor visits (medical, dental)