

GE Family & Medical Leave Request

University of Oregon – Human Resources
677 East 12th Ave., Ste. 400 – 5210 University of Oregon
Eugene OR 97403-5210
541-346-3159 – fax: 541-346-2548

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

Employee's Name: _____ UO ID: _____
 Date of first day of leave: _____ Return Date: _____ (leave blank if unknown)
 Supervisor: _____ Supervisor Email: _____
 Academic Dept _____ Hiring Dept: _____

Reason for Leave

Leave requests are subject to provisions of the GTFF Collective Bargaining Agreement

- My own serious health condition
 Is the condition due to an on-the-job injury or illness? Yes No
- Serious health condition of a family member Relationship:
 Family member is a spouse, partner, child, or parent of the GE
- Birth of a baby, adoption, or foster care

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 you have or
 will have performed each term

Employee Signature _____ Date _____ Director of Graduate Studies in hiring department _____ Date _____
I attest that, to the best of my belief, the information submitted in connection with this request is true and correct.
Acknowledgement only, not for approval purposes
Electronic signatures are acceptable

Human Resources use only

Effective FTE Fall 20 Winter 20 Spring 20 Summer 20
 Insurance Insurance Insurance Insurance
 Tuition Tuition Tuition Tuition

 HR Signature Date