

## Application for Hardship Leave (SEIU)

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 Request

**Employee Name:** \_\_\_\_\_ **UO ID:** \_\_\_\_\_

**Leave Begin Date:** \_\_\_\_\_ **Leave End Date:** \_\_\_\_\_

I request to use “Hardship Leave” in accordance with Article 36, Section 8 of the **Classified SEIU/OPEU and Oregon’s Public Universities Collective Bargaining Agreement**. The Hardship Leave Donations are intended to coincide with the use of FMLA and/or OFLA and ADA leaves of absences.

I read and understand that application for hardship leave shall be in writing and sent to the University’s Human Resource Department, accompanied by the treating physician’s written statement certifying that the illness or injury will continue for at least fifteen (15) calendar days, following the projected exhausting of the accumulated leave. If a Certification of Physician or Practitioner form is on file with the HR Medical Leaves Coordinator for FMLA/OFLA leave and it’s for the same condition with the above information. A new form will not be required. Accumulated leave includes but is not limited to: sick, vacation, personal and compensatory leave accruals.

I understand the following:

- Use of donated leave begins once accrued leave has exhausted.
  - Check this box, if while receiving hardship leave, in accordance with Article 36, Section 8(C), if you wish to accrue up to forty (40) hours of vacation leave.
- If the hardship recipient fails to exhaust donated leave for the purpose for which it was donated, the unused leave will be pooled for use by future eligible university bargaining unit employees who qualify for hardship donations.
- Donations shall be credited at my current regular hourly rate of pay.
- I am not eligible to receive/use Hardship Leave if I am receiving Workers’ Compensation coverage, or short or long term disability.
- In cases of intermittent leave, donated leave will be accessed after all accumulated leave is exhausted. Accumulated leave includes but is not limited to: sick, vacation, personal and compensatory leave accruals.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Your phone number or email address - (for your union representative to contact you):** \_\_\_\_\_

### Department Payroll Administrator

I certify that the employee leave balances are as follows:

Date Sick Leave Exhausted	Date Vac Leave Exhausted	Date Comp. Time Exhausted	Date Pers. Time Exhausted

**Department’s Pay Period:** From \_\_\_\_\_ To \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Payroll Administrator's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **SEIU local 503, OPEU – Article 36; Section 8. Hardship Leave**

These provisions shall apply for the purpose of allowing regular status employees represented by SEIU Local 503 at each university to irrevocably donate accrued vacation leave or compensatory time for use by another regular status eligible SEIU Local 503 represented university employees of the same University as sick leave. Hardship Leave is intended to support represented employees with donated leave when an employee has exhausted all forms of accumulated leave and either the employee or the employee's qualifying family member(s) experience temporary serious medical condition(s). Qualifying family members are defined under Section 2. For purposes of this Agreement, hardship leave donations will be administered under the following stipulations and the terms of this Agreement shall be strictly enforced with no exceptions.

(A) Applications for hardship leave shall be in writing and sent to the university's Human Resource Unit and accompanied by the treating physician's written statement certifying that the specific illness or injury will continue for at least fifteen (15) consecutive calendar days for the specific illness or injury, following donee's projected exhausting of the accumulated leave. Accumulated leave includes but is not limited to sick, vacation, personal leave, exchange time, and compensatory leave accruals.

(B) Applications for hardship leave should be made prior to the employee falling into sick leave without pay or leave without pay status, otherwise there may be a delay in processing the request.

(C) Once approved, employees must exhaust all monthly accrued leave (sick, vacation, personal leave, exchange time, and compensatory leave) prior to the use of any donated Hardship Leave, except that an employee may request in writing to accrue up to forty (40) hours of vacation leave annually(D). Requests for and use of donated leave shall be consistent with Section 2 of the Article, and limited to the serious medical condition for which it was donated.

(D) Donated leave may be used *intermittently* when there is such a need as indicated by the treating physician.

(E) Hardship Leave Donations are intended to coincide with the use of FMLA, OFLA and ADA leaves of absences and shall be credited at the recipient's current regular hourly rate of pay. Use of hardship leave donations outside of these intended programs is at the discretion of the University based on operational needs. Donations shall be used to reimburse the University for such Costs as are incurred for insurance contributions pursuant to Article 24 - Insurance unless health insurance payments are mandated under the Family Medical Leave Act (FMLA) and/or Oregon Family Leave Act (OFLA).

(F) Employees receiving Workers' Compensation, or short or long-term term disability, will not be considered eligible to receive donations under this Agreement. Employees on parental leave that does not qualify under FMLA and/or Oregon Family Leave Act (OFLA), will not be eligible to receive donations under this Agreement.

(G) If a hardship donation recipient dies or otherwise fails to exhaust donated leave for the purpose for which it was donated, the unused leave will be pooled for use by future recipients. Unused donated leave will be transferred to the pool after the treating physician has certified that the illness or injury for which the leave was donated has been resolved and the hardship leave case is closed.

### **Submit the completed application with certification to:**

Human Resources  
Medical Leaves Coordinator  
5210 University of Oregon  
Eugene OR 97403-5210  
Telephone: (541) 346-2950  
Fax: (541) 346-2548  
E-mail: [HRLeaves@uoregon.edu](mailto:HRLeaves@uoregon.edu)

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### Certification of Physician or Practitioner

If this leave is covered under FMLA/OFLA, certification by a physician may have already been submitted.

1. Employee Name: \_\_\_\_\_

2. Family Member/Patient's Name: \_\_\_\_\_

3. Date patient/employee condition commenced: \_\_\_\_\_

4. Probable duration of patient/employee incapacity: \_\_\_\_\_

#### Please select one:

I certify that the employee will be needed to care for

(Family Member name) \_\_\_\_\_

From: (date) \_\_\_\_\_ to: (date) \_\_\_\_\_

I certify that (employee) \_\_\_\_\_ will be totally incapacitated

from: (date) \_\_\_\_\_ to: (date) \_\_\_\_\_

I certify that (employee) \_\_\_\_\_ will be partially incapacitated

from: (date) \_\_\_\_\_ to: (date) \_\_\_\_\_

(Physician's Name & Address) \_\_\_\_\_

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