GE Family & Medical Leave Request

University of Oregon – Human Resources
1776 Millrace, Suite 201 – 5210 University of Oregon
Eugene OR 97403-5210
541-346-3085 – fax: 541-346-2548

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

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: Select
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
I attest that, to the best of my belief, the information submitted in connection with this request is true and correct.

Director of Graduate Studies in hiring department Date
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