



OREGON MILITARY DEPARTMENT HARDSHIP DONATED LEAVE REQUEST

EMPLOYEE INFORMATION

Name: _____	Division / Section: _____
EIN: OR _____	Supervisor Name: _____
Employee Phone Number: _____	Supervisor Phone Number: _____
Employee Email: _____	Supervisor Email: _____
Personal Email (optional) _____	

I am requesting the agency process my application for hardship donated leave for the following reason:

This is an initial request / This is an extension request for donated leave for my own serious health condition. I have attached a health care provider's medical certification. I understand that upon request to provide an updated medical certification, I must do so within 10 days or donated leave will cease.

This is a request for parental hardship donated leave (**AFSCME ONLY**). I have attached a health care provider certification.

I am requesting donated bereavement leave.

Leave Start Date: _____	11. End Date: _____	12. Extension <input type="checkbox"/> Yes <input type="checkbox"/> No New End Date: _____
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I have been counseled and understand the requirements related to this request. I have been advised on where to find the article on hardship leave in my collective bargaining agreement or DAS Policy as applicable.

I understand that an employee otherwise eligible for or receiving Workers' Compensation will not be considered eligible to receive donations under this agreement.

I am regular status, not in my initial 6 month trial service with the State of Oregon.

I am not a temporary employee. Temporary Employees are not eligible to receive donated leave.

My absence will exceed the exhaustion of all accumulated leaves. I understand that I must exhaust all available leaves each month before utilizing hardship leave.

I understand that upon request to provide an updated medical certification I must do so within 10 days or donated hardship leave will cease. All extension requests must be accompanied by a new medical certification form.

Employee Signature	Date
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HUMAN RESOURCES USE ONLY

<input type="checkbox"/> APPROVED From _____ To _____	<input type="checkbox"/> DENIED Reason for denial: _____	<input type="checkbox"/> Medical Certification Attached <input type="checkbox"/> Bereavement Leave
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Human Resources Director Signature	Date
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REPRESENTED EMPLOYEE REFERENCES

HARDSHIP DONATED LEAVE for a serious health condition

OMD AFSCME – CBA Article 29 Section 9

...“the illness or injury will continue for thirty (30) days or a period of time agreed to by the Appointing Authority following donee’s projected exhausting of the accumulated leave”.

OMD AFSCME OEM – CBA Article 37 Sections 1 & 2

...“the illness or injury will continue for thirty (30) days or a period of time agreed to by the Appointing Authority following donee’s projected exhausting of the accumulated leave”.

IAFF PANG – CBA Article 16 Section 6

...“the illness or injury will continue for thirty (30) days or a period of time agreed to by the Appointing Authority following donee’s projected exhausting of the accumulated leave”.

“Employees...on parental leave will not be considered eligible to receive donations under this agreement”.

IAFF KLAMATH FALLS – CBA Article 12 Section 6

...“the illness or injury is projected to last 30 days. To be eligible for donations the employee must have exhausted all types of their paid leave and be projected to be in leave without pay for at least two (2) weeks or four (4) regularly scheduled shifts during this absence”.

“Employees...on parental leave will not be considered eligible to receive donations under this agreement”.

BEREAVEMENT DONATED LEAVE beyond the 24 hour paid bereavement leave

OMD AFSCME – CBA Article 29 Section 3

...“employees may be eligible to receive up to forty (40) hours of donated leave, to be use consecutively. The employee must have exhausted all available accumulated leave and qualify to receive hardship leave”.

OMD AFSCME OEM – CBA Article 39 Section H

...“employees may be eligible to receive up to forty (40) hours of donated leave, to be use consecutively. The employee must have exhausted all available accumulated leave and qualify to receive hardship leave”.

IAFF PANG – CBA

There is no contract language addressing donated leave for bereavement.

IAFF KLAMATH FALLS – CBA

There is no contract language addressing donated leave for bereavement

MANAGEMENT / EXECUTIVE SERVICE REFERENCES

DAS POLICY 60.025.01 - for serious health condition

“To recover from or seek treatment for a serious health condition that is expected to continue for at least 15 consecutive calendar days after an employee has used all accumulated leave; and for which the total absence is expected to last at least 30 consecutive calendar days

DAS POLICY 60.000.10 for bereavement leave beyond the 24 hours paid leave

“An employee may be eligible to receive up to 40 hours of donated bereavement leave to be used consecutively. To qualify for donated bereavement leave, the employee must exhaust all bereavement leave and all accumulated leave including sick and vacation leave, compensatory time, and personal business leave”.

The above references are only a portion of the bargaining unit and policy language. To see all language related to hardship leave and bereavement leave, read the articles referenced above in **bold** that correspond to your appointment type and union.