



## Bereavement Leave

(application on page two)

### **NWEA (licensed staff) – Article 8, Section B.**

### **OSEA (classified staff) – Article 13.2**

1. As per the collective bargaining agreement/memorandum of agreement each member shall be granted up to five (5) paid days of bereavement leave per occurrence, non-accumulative, in the event of the death of a member's immediate family. Paid bereavement leave may be used intermittently and must be used within 12 months of the date the employee learned of the death.

Eligible family relations for paid bereavement leave include:

- a. member's spouse/domestic partner (same or opposite sex)
- b. the member's or member's spouse's/domestic partner's parents
- c. child or grandchild of the member or member's spouse/domestic partner
- d. grandparents of the member or member's spouse/domestic partner
- e. brothers or sisters of the member or member's spouse/domestic partner
- f. a person regularly residing in the member's residence

These absences should be entered in Absence Management using the reason "Bereavement".

2. An employee may qualify for ten (10) days unpaid bereavement leave under Oregon Family Leave Act (OFLA). Eligibility determination is made by OFLA application.
  - o If an employee qualifies for bereavement leave under OFLA, the 10 days of leave will run concurrently to include the 5 paid leave days described in 1. above.
  - o If the member qualifies for bereavement under OFLA, the member may use accrued sick leave for the five (5) days not covered under part 1 above.

#### *OFLA eligibility*

To be eligible for OFLA bereavement leave, an employee must have been employed by Northwest Regional ESD for a period of 180 calendar days immediately preceding the date the leave begins, and must have worked an average of 25 hours per week. OFLA bereavement leave is limited to 10 days total per occurrence, and must be completed within 60 days of the date the employee learned of the death. Paid bereavement leave used within the first 60 days will count toward the total amount of OFLA bereavement leave.

*Eligible family relations, as defined by OFLA statute, include:*

- a. Spouse or same-gender domestic partner
- b. Parent, Parent-in-law, or parent of employee's same gender domestic partner
- c. Child, step-child, or child of employee's same-gender domestic partner
- d. A person with whom the employee is or has been \*in loco parentis to; or was previously in loco parentis of
- e. grandparent or grandchild of the employee

These absences should be entered in Absence Management using the reason "OFLA Bereavement".



## Oregon Family Leave Act (OFLA) Bereavement Leave Request Form

### INSTRUCTIONS:

To request OFLA bereavement leave, please complete this OFLA Bereavement Leave Request Form and return it to human resources at [kfernandez@nwresd.k12.or.us](mailto:kfernandez@nwresd.k12.or.us) or confidential fax line: 503-614-3186.

Employee ID: \_\_\_\_\_ Employee Name: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date(s) of Requested Leave: \_\_\_\_\_

Total Hours: \_\_\_\_\_ Deceased relationship to employee: \_\_\_\_\_

Name of deceased: \_\_\_\_\_

Date notified of death: \_\_\_\_\_

**I have reviewed the contractual provisions covering leaves in my Collective Bargaining Agreement and I confirm that this request is within those provisions.**

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

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### Human Resources

The above request is:  Approved

Denied

Additional information for the employee:

\_\_\_\_\_  
HR Specialist's Signature

\_\_\_\_\_  
Date

Eligibility and Designation Notice sent to employee