

**EUGENE EDUCATION ASSOCIATION – 4J
PERSONAL LEAVE RELIEF FUND**

REQUEST FOR PLRF DAYS FORM

Return this form to EEA

Name (print) _____

Mailing Address _____, _____, OR _____
street address city zip

Home Phone _____ 4J Employee number _____ Current FTE _____

Work Site Assignment _____ Work Phone _____

Number of Days Requested _____ **Anticipated date of return to work** _____
(see guidelines) (if known)

1. I understand that before I receive an award from the Personal Leave Relief Fund I must first use:
 - a) all my individual accumulated paid sick leave
 - b) all my individual paid personal leave (accumulated and current year's allotment)
 - c) all my individual paid family leave (accumulated and current year's allotment)
2. I am not currently receiving:
 - a) Workers Compensation
 - b) Long Term Disability (LTD)
 - c) PERS Disability
3. I have attached the following to this form:
 - a) Personal statement indicating the circumstances for which I am requesting this additional paid personal leave.
4. If applicable, the Personal Leave Relief Fund Committee may ask me to submit a physician's statement describing the nature of my family member's crisis. If asked, I will provide that statement to the committee.
5. I understand that any unused personal leave hours will be returned to the Personal Leave Relief Fund.
6. I affirm that the information I have provided is accurate to the best of my knowledge.
7. I authorize the Personal Leave Relief Fund Committee to verify my date of employment, paid sick leave balances, paid personal leave balances, paid family leave balances, documented case of leave abuse, and status of compensation, Long Term Disability, and PERS Disability.
8. I authorize release of any pertinent information submitted to the District concerning this request.

Signature _____ **Date** _____

For Office Use Only

Previous Personal Leave Relief Fund days awarded: Date _____ Days _____

As of this date _____

Remaining individual accumulated sick leave hours _____

Remaining individual personal leave hours _____

Remaining individual accumulated personal leave hours _____

Remaining individual family leave hours _____

Remaining individual accumulated family leave hours _____

Remaining paid leave hours will be exhausted on _____

Date request received _____ Date Request Reviewed _____ APPROVED DENIED

If approved, number or days granted _____ days @ _____ FTE (_____ hours)

If denied, reason: _____

Authorized by _____ Date _____
Personal Leave Relief Fund Committee Chair

Date returned to work _____

Number of hours returned to the Personal Leave Relief Fund _____

The Committee may send copies of your application to EEA, HR and 4J Payroll.