

# Fern Ridge School District Board of Directors

Monday, February 24, 2025 The doors will open at 6:15pm

District Administration Office, 88834 Territorial Road, Elmira, Oregon 97437

## 1. Call to Order: Public - 6:30 pm

We have a shared vision in the Fern Ridge School District: Provide excellence for every student so that each will reach their greatest potential.

Thank you to the members of the public who have joined us. As a reminder, School Board meetings and work sessions are meetings of the Board held in public, providing an opportunity to observe the Board's discussion and actions.

In an effort to conduct official Board business, we ask that the audience be respectful and refrain from questions, comments, and unnecessary noise while the Board conducts the meeting.

There is an opportunity for citizen comment tonight, and the Board looks forward to hearing from those who signed up. I will share some reminders when we get to that portion of the meeting.

Also, please note that all Board meetings are live-streamed and posted on the School Board area of the website.

## 2. Citizenship Award

**Presenter:** Dawn Dean

## 3. Flag Salute led by Citizenship Award Winner

## 4. Public Comment:

4.A. None at this time.

## 5. Monthly Items:

5.A. Approval of Minutes - Board Action

## 6. Business Office

**Presenter:** Business Manager, Quanah Bennett

6.A. Enrollment Report

6.B. General Fund Revenue and Expenditure Report - Board Action

6.C. Fidelity Insurance Coverage

## 7. Reports:

7.A. West Lane Charter School Presentation

**Presenter:** Darci Stuller

7.B. Fern Ridge Education Association

**Presenter:** Debra Lloyd and Forrest Cooper

- 7.C. Student Representative(s) to the School Board Report
- 7.D. Director of K-12 Programs

**Presenter:** Fern Valle Arvizu and JT Myers

7.E. Superintendent's Report

**8. Discussion Items**

8.A. First Reading of the Proposed 2025-2026 Calendar

8.B. First Reading of Proposed Policy Updates - GCBDA\_GDBDA G1 updated, GCBDA\_GDBDA R 1 D1-Delete, GCBDA\_GDBDA R 1 G1-new, GCBDA\_GDBDA R 2 D1-Delete, GCBDA\_GDBDA R 3 A D1-Delete, GCBDA\_GDBDA R 3 B D1-Delete, GCBDA\_GDBDA R 3 C D1-Delete, GCBDA\_GDBDA R 3 D D1-Delete, GCBDA\_GDBDA R 4 D1-Delete, GCBDA\_GDBDA R 5 D1-Delete, GCBDA\_GDBDA R 6 D1-Delete, GCBDA\_GDBDA R 7 D1-Delete, GCBDD\_GDBDD G1 updated, and JECB R 3 G1(update).

8.C. Second Reading of Proposed Policy Updates -KLD D1-(delete), JHCD\_JHCDA D1 (delete), JHCD\_JHCDA R D1 (delete), JHCD R G1 (new)-required to be adopted by board, JHCD G1 (new). - BOARD ACTION

**9. Personnel**

9.A. Licensed Employees Resignations/New Hires/Transfers/Other-Board Action

9.A.1. None at this time

9.A.2. Resolution 24-25/04 - Teacher Contract Extension

9.A.3. Resolution 24-25/05 - Probationary Teacher Contract Renewal

9.A.4. Resolution 24-25/06 - Retired/Temporary Terminal Contract

9.A.5. Resolution 24-25/07 - Probationary Administrator's Contract Renewal

9.A.6. Resolution 24-25/08 - Administrator Contract Extension

9.A.7. Resolution 24-25/09 - Administrator Three-Year Contract Extension

9.B. Non-Licensed Personnel Report

**10. Late Items/Closing Comments/Board Community Involvement**

**11. Upcoming Events**

**March 3-7: Classified Employee Appreciation Week!**

**March 13: Heart of the Community at Veneta Elementary 6-7 pm**

**March 21: NO School**

**March 24-28 Spring Break**

**Elmira Elementary**

**March 5: Kindergarten Information Night**

**March 6-14: Iditaread**

March 18: PTA at 6pm

**Veneta Elementary**

March 5: Kinder Information Night

March 6: Title Math Night 5:30-7

March 7: Read Across America-PJ Day

March 11: PALS Meeting 5:30

**Fern Ridge Middle**

February 26: 4:30 7th Grade Boys Basketball-Home

March 18: Emergency Preparedness Workshop for students

**Elmira High**

March 21: Elmira Track Relays

12. Executive Session under ORS 192.660(2)(i): to review and evaluate the performance of the chief executive officer or any other public officer, employee or staff member, unless the person whose performance is being reviewed and evaluated requests an open hearing.

13. Adjournment



**FERN RIDGE SCHOOL DISTRICT 28J**  
School Board Meeting Minutes

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**REGULAR MEETING of the FERN RIDGE SCHOOL BOARD**

**January 27, 2025**

**Zoom Webinar & In-Person Meeting**  
88834 Territorial Rd.  
Elmira, Or 97437

**CALL TO ORDER (Agenda Item 1):** The regular meeting was called to order at 6:30 pm.

In attendance were Directors Barbara Graham, Kathleen Pizzola, Andrea Larson, Lisa McCann, and Superintendent Gary Carpenter. Mark Boren joined via Zoom.

We have a shared vision in the Fern Ridge School District: Provide excellence for every student so that each will reach their greatest potential.

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There is an opportunity for citizen comment tonight, and the Board looks forward to hearing from those who signed up. I will share some reminders when we get to that portion of the meeting.

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**CITIZENSHIP AWARD (Agenda Item 2):** The December Citizenship Award was presented to Elmira Elementary School student, Mason Bliss.

**FLAG SALUTE (Agenda Item 3):** Elmira Elementary School student, Mason Bliss led the flag salute.

**PUBLIC COMMENT (Agenda Item 4):** None at this time

**MONTHLY ITEMS (Agenda Item 5):**

**5. A. Approval of Minutes:** The minutes from the regular meeting and work session on December 16, 2024, were presented for approval.

Director Pizzola moved to approve the minutes from the regular meeting on December 16, 2024, seconded by Director Larson.

Director McCann asked for it to be noted on agenda item 7.B. of the Regular Meeting, that Forrest Cooper shared OEA/NEA matters in his Fern Ridge Education Association presentation. With that add they were approved

The motion carried with Directors Boren, Larson, Graham, Pizzola, and McCann voting yes. 5-0.

Director Pizzola moved to approve the minutes from the work session on December 16, 2024, seconded by Director McCann. There was no discussion. The motion carried with Directors Boren, Larson, Graham, Pizzola, and McCann voting yes. 5-0.

### **BUSINESS OFFICE (Agenda Item 6):**

**6. A. Enrollment Report:** Business Manager Quanah Bennett reviewed the enrollment report as of January 1, 2025. District Enrollment is 1295, which is 11 over our budgeted enrollment, 1 more than last month. Elementary is level with what we budgeted, the middle school is up by 28, and the high school is down by 17, both the same as last month. There are seven more out of district placements than what was projected in the budget, also same as last month.

**6. B. General Fund Revenue and Expenditure Report:** Business Manager Quanah Bennett reviewed the general fund revenue and expenditure report as of December 31, 2024 with the amended details of revenues. The district has received 68% of our budgeted revenue. We were at 74% last year. We have received most of our property taxes and have approximately \$300,000 left to receive for the remainder of the year. The district's operating expenditures are at 36%, we were at 35% last year.

Director Larson moved to accept the financial report for December 31, 2024, seconded by Director Pizzola. There was no discussion. The motion carried with Directors Boren, Larson, Graham, Pizzola, and McCann voting yes. 5-0.

**6. C. Resolution 24-25/03 – Approve 2023-2024 Audit Report & GASB54:** Business Manager Quanah Bennett presented Resolution 24-25/03 for approval.

Director Larson moved to accept the Resolution 24-25/03, seconded by Director Pizzola. There was no discussion. The motion carried with Directors Boren, Larson, Graham, Pizzola, and McCann voting yes. 5-0.

**6. C. 1. Fidelity Insurance Coverage:** Business Manager Quanah Bennett explained the district's insurance coverage of \$500,000 that is included in our policy. The cost to optionally increase the coverage to \$750,000 is \$3,570. The cost to increase the coverage to \$1 million would be \$4,546. Director McCann asked what the cost is now as is. It was explained that it was not broken out in our policy for the entire coverage from PACE. McCann requested to have the number we currently pay. Director Larson requested to get a recommendation to increase or not from Superintendent Carpenter and Business Manager Quanah Bennett at our next meeting.

## REPORTS (Agenda Item 7):

**7. A. Elmira High School Presentation:** Principal Cydney Vandercar presented slides to highlight Elmira High School's programs and initiatives.

**7. B. Fern Ridge Education Association:** FREA Representative, DesiRae Wright-Rendon presented slides of each building's recent activities and events. DesiRae also presented the Oregon Education Association (OEA RA) and the National Education Association (NEA RA) Representative Assemblies schedule and purpose. She also reported that the NEA RA will be in Portland, Oregon for the first time this year.

**7. C. Student Representatives:** Student representatives Fern Valle-Arvizu and JT Meyers reported that finals were concluded last week. Drama Club will have another production in May. Leadership has proposed projects for planning like art displays in the hallways, gardening and flowers in the areas outside, community focused events, and expansions to the CTE programs. Basketball has the best record this year in the last 5 seasons. Outdoor School signups have started for juniors and seniors, with interviews on February 11.

**7. D. Director of K-12 Programs:** Director Michelle Marshall introduced middle school social studies teacher, Mr. Josh Metzger to present the Beginning Theater Elective for approval. Director Michelle Marshall presented the plan for Human Growth and Development this spring for approval.

**7. D. 1. Fern Ridge Middle School Curriculum Adoption – Beginning Theater Elective:** Mr. Metzger presented the theater elective for a middle school elective.

Director Pizzola moved to accept the theater class at Fern Ridge Middle School, seconded by Director McCann. There was no discussion. The motion carried with Directors Boren, Larson, Graham, Pizzola, and McCann voting yes. 5-0.

**7. D. 2. Human Growth and Development:** Director Michelle Marshall presented the plan to stay with Planned Parenthood for this spring, with the intention for this to be the last year since the district will be adopting a health curriculum in the following year.

Director Larson asked Superintendent Carpenter to clarify the arrangement to use the same Planned Parenthood presentation as the district used last year. Mr. Carpenter confirmed that this information was true and that it will be presented again to parents as well in the same way as last year.

Director Boren moved to accept Planned Parenthood for the Human Growth and Development course, seconded by Director Larson. There was no discussion. The motion carried with Directors Boren, Larson, Graham, and McCann voting yes. Director Pizzola voted no. 4-1.

**7. E. Superintendent's Report:** Superintendent Carpenter gave recognition to the School Board for School Board Appreciation Month. Superintendent Carpenter attended the High School theater production along with Director Marshall and both gave their praises. Superintendent Carpenter announced that Bond, FREA negotiations, and building budget organization are all on track and underway.

## **DISCUSSION ITEMS (Agenda Item 8):**

**8. A. Bond Update:** Mr. Scott Rose and Superintendent Carpenter presented construction budgets and requested contingency funds to compensate for the EHS Science and EHS Athletics budgets.

**8. A. 1. All Projects Update from Mr. Rose:** Mr. Rose presented all upcoming Bond projects, budget, and schedules.

**8. A. 2. Program Contingency Request:** Mr. Rose explained how the contingency funds were set aside for the budgets that needed them through this process. Director McCann asked what the beginning total of the bond project contingency is before the transfer. Director Larson asked for verification that any leftover funds go back into the contingency funds and are then discussed by the board and Bond Oversight Committee to allocate to any other improvement needs that were identified.

**8. A. 2. a. EHS Science Project Move:100K:** The request for \$100,000 to be transferred from the bond program contingency to the Elmira High School Science project was presented for approval.

**8. A. 2. b. EHS Athletics Project: Request coming in February:** An amount for request was decided prior to this January board meeting and presented to the board today. The request for \$1.4 million to be transferred from the bond program contingency to the Elmira High School Athletics project was presented for approval.

Director Pizzola moved to accept the transfer of \$1.5 million from the bond program contingency to the Elmira High School Science project and to the Elmira High School Athletics project, seconded by Director McCann. There was no discussion. The motion carried with Directors Boren, Larson, Graham, and Pizzola, Director McCann voting yes. 5-0.

**8. B. Lane Education Service District 2025-27 Local Service Plan Year One:** Superintendent Carpenter presented the Lane Education Service District Service Plan for the next two years.

Director Pizzola moved to accept the Lane Education Service District 2025-27 Local Service Plan, seconded by Director Larson. There was no discussion. The motion carried with Directors Boren, Larson, Graham, and Pizzola, Director McCann voting yes. 5-0.

**8. C. First Reading of Proposed Policy Updates:** A first reading was held on the following proposed administrative rule and policy updates: KLD R G2-(delete), KLD D1-(delete), JHCD\_JHCDA D1 (delete), JHCD\_JHCDA R D1 (delete), JHCD R G1 (new), JHCD G1 (new).

## **PERSONNEL (Agenda Item 9):**

**9. A. Licensed Employees Resignations/New hires/Transfers/Other:**

### **9. A.1**

- Resignation of Madison Hahn, 1.0 FTE Teacher at Elmira High School, effective January 23,

2025.

Director Pizzola moved to accept the resignation of the teacher, seconded by Director McCann. There was no discussion. The motion carried with Directors Boren, Larson, Graham, and Pizzola, Director McCann voting yes. 5-0.

**9. B. Non-Licensed Personnel Report:** The non-licensed personnel report was presented for review:

Resignations/Retirements

1. Resignation of Sadie Harmon, 3.5 Instructional Assistant at Veneta Elementary School, effective January 2, 2025.

New Hires/Transfers

1. Transfer of Joe Anderson, from 1.0 FTE Custodian to 1.0 FTE Grounds/Maintenance, effective January 7, 2025.
2. Hiring of Brody Erb, 1.0 FTE Custodian, effective January 6, 2025.
3. Hiring of Shaina Brown, 3.5 Instructional Assistant at Veneta Elementary School, effective January 13, 2025.

Other

1. None at this time.

Coaches

1. Hiring of John Rhodes, Varsity Boys Baseball Coach 24-25 at Elmira High School, effective March 3, 2025.

**LATE ITEMS/CLOSING COMMENTS/BOARD COMMUNITY INVOLVEMENT (Agenda Item 10):**

**10. A.** None at this time.

**UPCOMING EVENTS (Agenda Item 11):**

**11. A. Upcoming Events:**

February 3-7: National School Counselor Appreciation Week

February 13: Heart of the Community 6-7:30pm @ VES

February 17: **NO SCHOOL District wide**

**Elmira Elementary:**

February 11: PTA Family Bingo

February 12: Bottle Drop Donation

February 18: PTA 6pm

February 21: Fun Friday from PTA

**Veneta Elementary:**

February 11: PALS 5:30

**Fern Ridge Middle:**

January 29:

4:30 8th Grade Boys Basketball-Home

4:30 7th Grade Boys Basketball-Junction City

February 3:

4:30 8th Grade Boys Basketball-St. Paul

4:30 7th Grade Boys Basketball-Home

February 5:

4:30 8th Grade Boys Basketball-Home

4:30 7th Grade Boys Basketball-O'Hara

February 10:

4:30 8th Grade Boys Basketball-Cottage Grove

4:30 7th Grade Boys Basketball-Home

February 12:

4:30 8th Grade Boys Basketball-Home

4:30 7th Grade Boys Basketball-Monroe

February 19:

4:30 8th Grade Boys Basketball-Junction City

4:30 7th Grade Boys Basketball-Home

February 20:

4:30 8th Grade Boys Basketball-Linus Pauling

4:30 7th Grade Boys Basketball-Linus Pauling

**Elmira High:**

January 28:

5 pm Boys & Girls Wrestling-Elmira 4-Way @ EHS "Senior Night"

4:30pm Boys JV Basketball @ Harrisburg

4:30pm Girls JV Basketball @ Harrisburg

6pm Boys JV2 Basketball @ Harrisburg Middle School

6pm Boys V Basketball @ Harrisburg

7:30pm Girls V Basketball @ Harrisburg

January 31:

4:30pm Boys JV Basketball @ Pleasant Hill

4:30pm Girls JV Basketball @ Pleasant Hill

6pm Boys JV2 Basketball @ Pleasant Hill

6pm Boys V Basketball @ Pleasant Hill

7:30pm Girls V Basketball @ Pleasant Hill

February 1:

TBD Boys Wrestling - Junction City HS

10am Girls Wrestling - Harrisburg-All Girls Tourney

February 4:

3 pm Boys Wrestling Special District 2 Duals-Harrisburg HS

4:30pm Boys JV Basketball vs La Pine

4:30pm Girls JV Basketball vs La Pine

6pm Boys JV2 Basketball vs La Pine

6pm Girls V Basketball vs La Pine

7:30pm Boys V Basketball vs La Pine

February 5:  
TBD Boys Wrestling Special District 2 Duals-Siuslaw HS

February 7:  
TBD Boys Wrestling-Cottage Grove HS Feb.7-8

4:30pm Boys JV Basketball vs Sisters

4:30pm Girls JV Basketball vs Sisters

6pm Boys JV2 Basketball vs Sisters

6pm Girls V Basketball vs Sisters

7:30pm Boys V Basketball vs Sisters

February 8:

TBD Girls Wrestling Invitational-Cottage Grove

February 11:

4:30pm Boys JV Basketball @ Creswell

5:30pm Girls V Basketball @ Creswell

6pm Girls JV Basketball @ Creswell

7:30pm Boys V Basketball @ Creswell

February 14:

TBD Girls Wrestling Spcl Dist Championship-Cottage Grove Feb.14-15

4:30pm Boys JV Basketball vs Harrisburg

4:30pm Girls JV Basketball vs Harrisburg

6pm Boys JV2 Basketball vs Harrisburg

6pm Girls V Basketball vs Harrisburg

7:00 Hall of Fame Induction in Main Gym

7:30pm Boys V Basketball vs Harrisburg

February 18:

4pm Boys JV2 Basketball @Junction City

February 22:

TBD Boys Wrestling Spcl Dist 2 Championship-EHS

March 8:

SAVE THE DATE Booster Club Dinner and Auction 5:30pm

**ADJOURNMENT (Agenda Item 12):** Chair Graham adjourned the meeting at 8:02 pm.

Attest: \_\_\_\_\_  
School Board Representative

\_\_\_\_\_  
Gary E. Carpenter, Jr., Superintendent

Avg.  
Class  
Size

	K	1	2	3	4	5	6	7	8	9	10	11	12	TOTAL
EES Teacher 1	16													16
EES Teacher 2	16													16
EES Teacher 3		17												17
EES Teacher 4		17												17
EES Teacher 5			33											33
EES Teacher 6				30										30
EES Teacher 7				31										31
EES Teacher 8					22									22
EES Teacher 9					22									22
EES Teacher 10						25								25
EES Teacher 11						25								25
<b>Elmira Elementary</b>	<b>32</b>	<b>34</b>	<b>33</b>	<b>61</b>	<b>44</b>	<b>50</b>								<b>254</b>
VES Teacher 1	17													17
VES Teacher 2	19													19
VES Teacher 3	19													19
VES Teacher 4		22												22
VES Teacher 5		23												23
VES Teacher 6			24											24
VES Teacher 7			24											24
VES Teacher 8			22											22
VES Teacher 9				28										28
VES Teacher 10				24										24
VES Teacher 11					28									28
VES Teacher 12					29									29
VES Teacher 13						24								24
VES Teacher 14						25								25
<b>Veneta Elementary</b>	<b>55</b>	<b>45</b>	<b>70</b>	<b>52</b>	<b>57</b>	<b>49</b>								<b>328</b>
<b>Total Elementary</b>	<b>87</b>	<b>79</b>	<b>103</b>	<b>113</b>	<b>101</b>	<b>99</b>								<b>582</b>
<b>Fern Ridge Middle School</b>							<b>103</b>	<b>106</b>	<b>95</b>					<b>304</b>
<b>FRMS Options</b>							<b>1</b>		<b>4</b>					<b>5</b>
<b>Elmira High School</b>										<b>83</b>	<b>100</b>	<b>88</b>	<b>80</b>	<b>351</b>
<b>EHS Options</b>											<b>6</b>	<b>14</b>		<b>20</b>
<b>EE Bridges (K-2)</b>	<b>3</b>		<b>4</b>											<b>7</b>
<b>EE Bridges (3-5)</b>				<b>3</b>	<b>1</b>	<b>2</b>								<b>6</b>
<b>VES (Structured Learning)</b>		<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>								<b>6</b>
<b>Home Tutor</b>														<b>-</b>
<b>FRMS Bridges (6-8)</b>							<b>2</b>	<b>3</b>	<b>3</b>					<b>8</b>
<b>Total In-District Enrollment</b>	<b>90</b>	<b>80</b>	<b>108</b>	<b>118</b>	<b>103</b>	<b>102</b>	<b>106</b>	<b>109</b>	<b>102</b>	<b>83</b>	<b>100</b>	<b>94</b>	<b>94</b>	<b>1,289</b>
<i>Change from Adopted Budget (based on ADMr of 1,284)</i>														<b>5</b>
<b>Out of District Placements</b>	<b>1</b>	<b>2</b>	<b>3</b>		<b>2</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>-</b>	<b>3</b>	<b>5</b>	<b>25</b>
<i>Change from Adopted Budget (based on ADMr of 18)</i>														<b>7</b>
<b>Total WLTL Charter School</b>										<b>19</b>	<b>32</b>	<b>25</b>	<b>29</b>	<b>105</b>
<b>FRSD Attending WLTL</b>										<b>10</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>58</b>
<i>Change from Adopted Budget (based on ADMr of 65)</i>														<b>40</b>
<b>Total District/ Out of District /Charter School Enrollment</b>														<b>1,419</b>
<i>Change from Adopted Budget (based on ADMr of 1,367)</i>														<b>52</b>

23.09

23.43

**FR FERN RIDGE SCHOOL DISTRICT 28J**

General Fund Revenue and Expenditures

January 31, 2025	ADOPTED 24-25 BUDGET	JULY	AUG	SEPT	2024-2025				TOTAL YTD	REMAINING BALANCE
					OCT	NOV	DEC	JAN		
Beginning Fund Balance	3,527,994	-	-	-	-	-	-	4,556,477	4,556,477	(1,028,483)
<b>OPERATING REVENUE:</b>										
PROPERTY TAXES	5,562,447	7,802	13,870	10,581	6,118	4,237,020	928,249	55,409	5,259,050	303,397
TRANSPORTATION FEES	2,100	-	-	-	-	-	-	-	-	2,100
EARNINGS ON INVESTMENTS	250,000	37,683	34,880	32,691	29,232	19,440	43,167	43,287	240,379	-
EXTRACURRICULAR ACTIVITIES	4,626	-	-	-	-	-	-	-	-	-
RENTALS/DONATIONS/LEASES / PY REV / GRANT FEES / MISC	161,445	4,491	24,688	7,378	19,758	12,701	11,896	10,000	90,914	-
COUNTY SCHOOL FUND / ESD	159,158	-	-	-	-	-	-	41,679	41,679	117,479
OTHER INTERMEDIATE SOURCES	5,500	-	7	1,853	-	7	2,455	-	4,322	-
STATE SCHOOL FUND	11,880,479	2,056,928	999,784	962,504	981,199	965,042	982,768	983,776	7,932,002	3,948,477
COMMON SCHOOL FUND	210,000	-	-	-	-	-	-	114,725	114,725	95,275
STATE MANAGED COUNTY TIMBER	-	-	-	-	-	26,394	-	-	26,394	(26,394)
RESTRICTED GRANTS-IN-AID	-	-	-	-	-	7,225	-	-	7,225	-
RESTRICTED FR FED/GOV ST	-	-	-	-	-	12,240	3,780	-	16,020	(16,020)
FEDERAL FOREST FEES	58,620	-	-	-	-	-	-	-	-	58,620
SALE OF FIXED ASSETS	-	-	550	(300)	-	-	-	-	250	(250)
<b>TOTAL OPERATING REVENUE</b>	<b>18,294,375</b>	<b>2,106,904</b>	<b>1,073,778</b>	<b>1,014,708</b>	<b>1,036,307</b>	<b>5,280,069</b>	<b>1,972,316</b>	<b>1,248,877</b>	<b>13,732,959</b>	<b>4,561,416</b>

75%

TOTAL BUDGETED REVENUE (INCLUDES BEGINNING FUND BALANCE)

21,822,369

18,289,436

<b>OPERATING EXPENDITURES:</b>										
SALARIES	8,286,866	160,615	188,940	658,462	666,590	665,873	654,904	658,665	3,654,050	4,632,816
BENEFITS	6,214,859	98,375	124,819	475,886	453,348	447,951	440,900	447,291	2,488,569	3,726,290
PURCHASED SERVICES	3,875,536	89,684	89,787	148,449	372,884	330,922	332,261	380,111	1,744,098	2,131,438
SUPPLIES & MATERIALS	472,048	33,620	28,968	50,904	20,318	43,043	51,641	22,827	251,321	220,727
CAPITAL OUTLAY	-	-	-	-	-	-	-	-	-	-
OTHER	297,805	244,737	6,970	1,474	2,589	1,223	321	475	257,788	40,017
<b>TOTAL OPERATING EXPENDITURES</b>	<b>19,147,114</b>	<b>627,031</b>	<b>439,484</b>	<b>1,335,175</b>	<b>1,515,729</b>	<b>1,489,010</b>	<b>1,480,027</b>	<b>1,509,370</b>	<b>8,395,825</b>	<b>10,751,289</b>

44%

<b>NON-OPERATING EXPENDITURES</b>										
INTERFUND TRANSFERS	868,500	-	-	-	-	-	-	-	-	868,500
CONTINGENCY	1,806,755	-	-	-	-	-	-	-	-	1,806,755
<b>TOTAL NON-OPERATING EXPENDITURES</b>	<b>2,675,255</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>2,675,255</b>

TOTAL BUDGETED EXPENDITURES

21,822,369

8,395,825



# Fern Ridge School District 2025-2026 Public Staff Calendar

Proposed: 2-24-25

Student: 21

JULY 2025				
M	T	W	TH	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

AUGUST 2025				
M	T	W	TH	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

13: Kindergarten Registration  
19-21: Registration

SEPTEMBER 2025				
M	T	W	TH	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30			

2: First Day - Grades 1-5, 6,9 Report  
3: Grades 1-5, 7-12 Report  
4: Grades 1-12 Report  
8: Kindergarten Reports

Elementary Student: 21

Elementary Student: 14

Secondary Student: 20

Secondary Student: 16

Student: 15

OCTOBER 2025				
M	T	W	TH	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

10: No School - Work Sample Day  
16: MS/HS Parent Teacher Conf. (Evening Only)  
17: MS/HS No School  
Parent Teacher Conferences (a.m. only)  
31: No School-Teacher Workday/End of 1st Qtr

NOVEMBER 2025				
M	T	W	TH	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

11: No School - Veterans Day  
24-25: Elem. No School - Parent Teacher Conf.  
26-28: No School - Thanksgiving Break

DECEMBER 2025				
M	T	W	TH	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

22-31: No School - Winter Recess

Student: 18

Student: 19

Student: 16

JANUARY 2026				
M	T	W	TH	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

1: No School (New Year's)  
2: No School  
19: No School - MLK Jr Holiday  
22: End of 2nd Quarter / 1st Semester  
23: No School - Teacher Workday

FEBRUARY 2026				
M	T	W	TH	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27

16: No School - President's Day

MARCH 2026				
M	T	W	TH	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

19: MS/HS Parent-Teacher Conferences (Evening Only)  
20: No School - Elem. Work Sample Day-MS/HS Conf. Exchange Day  
23-27: No School - Spring Break

Elementary Student: 20

Student: 19

Student: 9

APRIL 2026				
M	T	W	TH	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	

2: End of 3rd Quarter  
3: No School - Teacher Workday  
16: Elem. Parent-Teacher Conf. (Evening)  
17: Elem. No-School-Parent-Teacher Conf.

MAY 2026				
M	T	W	TH	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

22: No School - Work Sample Day  
25: No School - Memorial Day Holiday

JUNE 2026				
M	T	W	TH	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30			

3: Potential Make up day for Seniors  
10: No Early Release  
11: Last Day of School - Early Release  
15-19: Potential Make up Days (Grade K-11)



Kindergarten Registration  
Registration  
First & Last Day of School  
Parent-Teacher Conference



End of Quarter  
Potential Make Up Days (Grades K-11)  
Potential Make Up Day (Grade 12)



No School  
Parent Teacher Conf.  
Potential Make Up Days

Primary Student Days: 172  
Secondary Student Days: 174

# OSBA Model Sample Policy

Code: GCBDA/GDBDA  
Adopted:

## Family and Medical Leave \* (Version 1)

{The law does not require districts to have a board-adopted policy, but the district is required to follow the law; having policy and an administrative regulation in place can assist with compliance. This policy is intended for districts with 50 or more employees as counted in accordance with ORS 659A.153. If the district has between 25 and 50 employees, the district should use version 2 of GCBDA/GDBDA – Family Leave \*. If the district does not have 25 employees, the district should not adopt this policy.}

When applicable, the district will comply with the provisions of the Family and Medical Leave Act (FMLA)<sup>{1}</sup>, the Oregon Family Leave Act (OFLA)<sup>{2}</sup>, the Oregon Military Family Leave Act (OMFLA), Paid Family and Medical Leave Insurance (PFMLI) and other applicable provisions of state and federal law, Board policies and collective bargaining agreements regarding family medical leave.

In order for an employee to be eligible for the benefits under FMLA, the employee must have been employed by the district for at least 12 months, have worked at least 1,250 hours during the past 12-month period and works at a worksite that employs 50 or more district employees within 75 miles of the worksite.

Generally, in order for an employee to be eligible for the benefits under OFLA, the employee must work an average of 25 hours or more per week during the 180 calendar days immediately prior to the first day of the start of the requested leave. Special requirements apply during public health emergencies.

OMFLA applies to employees who work an average of at least 20 hours per week; there is no minimum number of days worked when determining an employee’s eligibility for OMFLA.

PFMLI is generally available to district employees who have earned \$1,000 in subject wages or taxable income during the alternate or base years<sup>3</sup>, contributed to the PFMLI fund in the alternate or base years and are otherwise eligible.<sup>4</sup> PFMLI can be taken for family leave, medical leave or safe leave.<sup>5</sup>

Leave taken under OFLA is in addition to leave taken under PFMLI and cannot be taken concurrently; however, OFLA leave or PFMLI may run concurrently with leave available under ORS 653.601 - 653.661,

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<sup>1</sup> {Generally, FMLA applies only to entities with 50 or more employees, however, FMLA applies to all public elementary and secondary educational institutions. See 29 CFR 825.600(b). The rule regarding individual employee eligibility does apply: an employee is only eligible if the employee “is employed at a worksite where 50 or more employees are employed by the employer within 75 miles of that worksite.” See 29 CFR 825.110(a)(3). Consequently, FMLA applies to districts with fewer than 50 employees, but individual employees will not be eligible to receive benefits.}

<sup>2</sup> {OFLA applies to employers with 25 or more employees in Oregon (ORS 659A.153) and OMFLA applies to all public-sector employers in Oregon. (ORS 659A.090(2)) (Oregon BOLI Leave Laws – 2023 Edition)}

<sup>3</sup> The wages are not required to have been earned for work in the district.

<sup>4</sup> See OAR 471-070-1010 for additional information.

<sup>5</sup> Time to effectuate the legal process for the placement of a child in foster care or a child being adopted qualifies for PFMLI starting January 1, 2025. Until then, leave is available through OFLA. {See SB 1515 (2024) Sections 4, 13, 21 and 25.}

FMLA, and other types of leave if provided by the district. Any leave taken under PFMLI must be taken concurrently with any leave taken under FMLA when for the same purpose.

The superintendent or designee will develop administrative regulations as necessary for the implementation of the provisions of both federal and state law.

END OF POLICY

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**Legal Reference(s):**

[ORS 332.507](#)

[ORS 657B.010](#)

[ORS 657B.025](#)

[ORS 659A.090](#)

[ORS 659A.093](#)

[ORS 659A.096](#)

[ORS 659A.099](#)

[ORS 659A.150 - 659A.186](#)

[OAR 839-009-0210 - 0460](#)

Family and Medical Leave Act, 29 U.S.C. §§ 2601-2654; 5 U.S.C. §§ 6381-6387 (2018); Family and Medical Leave Act, 29 C.F.R. Part 825 (2023).

Americans with Disabilities Act, 42 U.S.C. §§ 12101-12133 (2018); 29 C.F.R. Part 1630 (2023); 28 C.F.R. Part 35 (2023).

Escriba v. Foster Poultry Farms, Inc. 743 F.3d 1236 (9<sup>th</sup> Cir. 2014).

Senate Bill 1515 (2024).

# Fern Ridge School District 28J

Code: GCBDA/GDBDA-AR(1)  
Revised/Reviewed: 4/19/21; 11/20/23  
Orig. Code: GCBDA/GDBDA-AR

## Family Leave

### Employee Eligibility

FMLA benefits are available to employees who have been employed by the district for at least 12 months, have worked at least 1,250 hours during the past 12-month period and work at a worksite that employs 50 district employees within 75 miles of the worksite.

An employee who has previously qualified for and has taken some portion of FMLA leave may request additional FMLA leave within the same leave year. In such instances, the employee may not need to requalify as an eligible employee.

Generally, in order for an employee to be eligible for the benefits under OFLA, the employee must work an average of 25 hours or more per week during the 180 calendar days immediately prior to the first day of the start of the requested leave.<sup>1</sup> For parental leave purposes, an employee becomes eligible upon completing at least 180 days immediately preceding the date on which the parental leave begins: there is no minimum average number of hours worked per week.

An employee is eligible to take leave for purposes of OFLA during a period of time covered by a public health emergency except:

1. An employee who has worked for the district for fewer than 30 days immediately before the date on which the family leave would commence; or
2. An employee who has worked for the district for an average of fewer than 25 hours per week in the 30 days immediately before the date on which the family leave would commence.

An employee of the district is eligible to take leave for purposes of OFLA if the employee:

1. Separates from employment with the district, irrespective of any reason:
  - a. Is eligible to take leave OFLA at the time the employee separates; and
  - b. Is reemployed by the district within 180 days of separation from employment; or
2. Is eligible to take OFLA leave:
  - a. At the beginning of a temporary cessation of scheduled hours of 180 days or less; and
  - b. Returns to work at the end of the temporary cessation of scheduled hours of 180 days or less.

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<sup>1</sup> The requirements of OFLA do not apply to any employer offering eligible employees a nondiscriminatory cafeteria plan, as defined by section 125 of the Internal Revenue Code of 1986, which provides as one of its options employee leave at least as generous as the leave required by OFLA.

Any OFLA leave taken by the employee within any one-year period continues to count against the length of time of OFLA leave the employee is entitled. The amount of time that an employee is deemed to have worked for the district prior to a break in service due to a separation from employment or a temporary cessation of scheduled hours shall be restored to the employee when the employee is reemployed by the

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district within 180 days of separation from employment or when the employee returns to work at the end of the temporary cessation of scheduled hours of 180 days or less.

An employee who has previously qualified for and has taken some portion of OFLA leave, may request additional OFLA leave within the same leave year. In such instances, the employee must requalify as an eligible employee for each additional leave requested unless one of the following exceptions apply:

1. An employee taking, in any order, some or all of 12 weeks of OFLA pregnancy disability leave and some or all of 12 weeks of OFLA leave for any other purpose, need not requalify leave in the same leave year;
2. An employee who has taken 12 weeks of parental leave need not requalify to take an additional 12 weeks in the same leave year for sick child leave;
3. An employee granted leave for a serious health condition for the employee or a family member need not requalify if additional leave is taken in this leave year for the same reason;
4. An employee unable to work because of a disabling compensable injury<sup>2</sup> need not requalify in order to use OFLA leave following a period the employee is off work due to the compensable injury; and
5. An employee who has taken serious health condition leave to care for a family member who dies during the employee's serious health condition need not requalify to take leave for the death of that family member.

OMFLA applies to employees who work an average of at least 20 hours per week. There is no minimum number of days worked when determining employee eligibility for OMFLA.

In determining if an employee has been employed for the preceding 180 calendar days, the district must consider days, paid or unpaid, an employee is maintained on payroll. Full-time public school teachers who have been maintained on payroll by the district for 180 consecutive calendar days are thereafter deemed to have been employed for an average of at least 25 hours per week during the 180 days immediately preceding the start date of the OFLA leave.

In determining average workweek, the employer must count the actual hours worked using the Fair Labor Standards Act (FLSA) guidelines.

### **Qualifying Reason**

Eligible employees may access FMLA leave for the following reasons:

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<sup>2</sup> As defined in ORS 656.005.

1. Serious health condition of the employee or the employee's covered family member. Serious health condition means an illness, injury, impairment or physical or mental condition that involves inpatient care<sup>3</sup> or continuing treatment by a health care provider<sup>4</sup>.
  
2. Parental leave<sup>5</sup> (separate from eligible leave as a result of a child's serious health condition):
  - a. Bonding with and the care for the employee's newborn (within 12 months following birth);
  - b. Bonding with and the care for a newly adopted child or newly placed child in foster care under the age of 18 (within 12 months of placement);
  - c. Care for a newly adopted child or newly placed child in foster care over 18 years of age who is incapable of self-care because of a physical or mental impairment (within 12 months of placement);
  - d. Time to effectuate the legal process required for placement of a child in foster care or the adoption of a child.
  
3. Military Caregiver Leave: leave for the care for spouse, child or next-of-kin who is a covered servicemember with a serious injury or illness;
  
4. Qualifying Exigency Leave: leave arising out of the foreign deployment of the employee's spouse, child or parent.

Eligible employees may access OFLA for the following reasons:

1. Serious health condition of the employee or the employee's covered family member. Serious health condition means:
  - a. An illness, injury, impairment or physical or mental condition that requires inpatient care in a hospital, hospice or residential medical care facility;
  - b. An illness, disease or condition that in the medical judgement of the treating health care provider poses an imminent danger of death, is terminal in prognosis with a reasonable possibility of death in the near future, or requires constant care;
  - c. Any period of disability due to pregnancy, or period of absence for prenatal care; or
  - d. Any period of absence for the donation of a body part, organ or tissue, including preoperative or diagnostic services, surgery, post-operative treatment and recovery.<sup>6</sup>
  
2. Parental leave (separate from eligible leave as a result of the child's serious health condition):

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<sup>3</sup> Inpatient care means an overnight stay in a hospital, hospice, or residential medical facility, including any period of incapacity or any subsequent treatment in connection with such inpatient care. 29 CFR 825.114.

<sup>4</sup> Continuing treatment includes incapacity and treatment, pregnancy or prenatal care, chronic conditions, permanent or longterm conditions, conditions requiring multiple treatments, and absences attributable to incapacity. See 29 CFR 815.115.

<sup>5</sup> Parental leave must be taken in one continuous block of time within 12 months of the triggering event.

<sup>6</sup> This definition is from ORS 659A.150(7). A more detailed definition is available in OAR 839-009-0210(22).

- a. Bonding with and the care for the employee's newborn (within 12 months following birth);
  - b. Bonding with and the care for a newly adopted child or newly placed child in foster care under the age of 18 (within 12 months of placement);
  - c. Care for a newly adopted child or newly placed child in foster care over 18 years of age who is incapable of self-care because of a physical or mental impairment (within 12 months of placement);
  - d. Time to effectuate the legal process required for placement of a child in foster care or the adoption of a child.
3. Sick Child Leave: leave for non-serious health conditions of the employee's child. For OFLA, sick child leave includes absence to care for an employee's child whose school or child care provider has

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been closed<sup>7</sup> in conjunction with a statewide public health emergency declared by a public health official.<sup>8</sup>

4. Bereavement Leave: leave related to the death of a covered family member.<sup>9</sup>
5. Eligible employees may access OMFLA for the purpose of spending time with a spouse or domestic partner who is in the military and has been notified of an impending call or order to active duty, or who has been deployed during a period of military conflict.
6. The eligibility of an employee who takes multiple leaves for different qualified reasons during the same leave year may be reconfirmed at the start of each qualified leave requested. **Definitions**

1. Family member:

a. For the purposes of FMLA, "family member" means:

- (1) Spouse<sup>10</sup>;
- (2) Parent;
- (3) Child; or
- (4) Persons who are "in loco parentis".

b. For the purposes of OFLA, "family member" means:

- (1) Spouse or domestic partner;
- (2) Child or the child's spouse or domestic partner;
- (3) Parent or the parent's spouse or domestic partner;
- (4) Sibling or stepsibling, or the sibling's or stepsibling's spouse or domestic partner;
- (5) Grandparent or the grandparent's spouse or domestic partner;
- (6) Grandchild or the grandchild's spouse or domestic partner; or
- (7) Any individual related by blood or affinity whose close association with a covered individual is the equivalent of a family relationship.<sup>11</sup>

<sup>7</sup> “Closure” for the purpose of sick child leave during a statewide public health emergency declared by a public health official means a closure that is ongoing, intermittent, or recurring and restricts physical access to the child’s school or child care provider. OAR 839-009-0210(4).

<sup>8</sup> The district may request verification of the need for sick child leave due to a closure during a statewide emergency. Verification may include:

1. The name of the child being cared for;
2. The name of the school or child care provider that has closed or become unavailable;
3. A statement from the employee that no other family member of the child is willing and able to care for the child; and
4. With the care of a child older than 14, a statement that special circumstances exist requiring the employee to provide care to the child during daylight hours.

<sup>9</sup> Bereavement leave under OFLA must be completed within 60 days of when the employee received notice of the death.

<sup>10</sup> “Spouse” means individuals in a marriage, including “common law” marriage and same-sex marriage.

<sup>11</sup> “Affinity” means a relationship for which there is a significant personal bond that, when examined under the totality of the circumstances, is like a family relationship. This bond may be demonstrated by, but is not limited to the following factors, with no single factor being determinative:

- a. Shared personal financial responsibility, including shared leases, common ownership of real or personal property, joint liability for bills or beneficiary designations;

2. Child:

- a. For the purposes of FMLA, “child” means a biological or adopted child, a child in foster care, a stepchild, a legal ward or a child of a person standing “in loco parentis”, who is either under the age of 18, or who is 18 years of age or older and who is incapable of self-care because of a physical or mental disability.
- b. For the purposes of Military Caregiver Leave and Qualifying Exigency Leave under FMLA, “child” means the employee’s child on covered active duty regardless of that child’s age.
- c. For the purposes of OFLA, “child” means a biological or adopted child, a child in foster care or stepchild of the employee, the child of the employee’s domestic partner, or a child with whom the employee is or was in a relationship of “in loco parentis”.
- d. For the purposes of parental and sick child leave under OFLA, the child must be under the age of 18 or an adult dependent child substantially limited by a physical or mental impairment.

3. In loco parentis:

- a. For the purposes of FMLA, “in loco parentis” means persons with day-to-day responsibility to care for or financially support a child, or, in the case of an employee, who had such responsibility for the employee when the employee was a child. A biological or legal relationship is not necessary.
- b. For the purposes of OFLA, “in loco parentis” means person in the place of the parent, having financial or day-to-day responsibility for the care of a child. A legal or biological relationship is not required.

4. Next of kin:

For the purposes of FMLA , “next of kin” means the nearest blood relative other than the servicemember’s spouse, parent or child in the following order of priority (unless otherwise designated in writing by the servicemember):

- a. Blood relatives who have been granted legal custody of the servicemember by court decree or statutory provisions;
- b. Siblings;
- c. Grandparents;
- d. Siblings of parents and their spouses; and
- e. First cousins.

5. Covered servicemembers:

For the purposes of FMLA, “covered servicemember” means a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list for a serious injury or illness; or a covered veteran who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.

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- b. Emergency contact designation of the employee by the other individual in the relationship or the emergency contact designation of the other individual in the relationship by the employee;
  - c. The expectation to provide care because of the relationship or the prior provision of care;
  - d. Cohabitation and its duration and purpose;
  - e. Geographic proximity; and
  - f. Any other factor that demonstrates the existence of a family-like relationship.

6. Covered veteran:

For the purposes of FMLA, “covered veteran” means an individual who was:

- a. A member of the Armed Forces (including a member of the National Guard or Reserves);
- b. Discharged or released under conditions other than dishonorable; and
- c. Discharged within the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran.

7. Public health emergency:

For OFLA a public health emergency means;

- a. A public health emergency declared under ORS 433.441.
- b. An emergency declared under ORS 401.165 if related to a public health emergency as defined in ORS 433.442.

**Leave Period**

For the purposes of calculating an employee’s leave period, the district will use a “rolling” 12-month period measured backward from the date the employee uses any family and medical leave. Beginning July 1, 2024, districts are required to use a period of 52 consecutive weeks beginning on the Sunday immediately preceding the date on which family leave commences for OFLA purposes. FMLA continues to measure the leave year as 12 months, which could result in slight differences for some employees. The same method for calculating the one-year period for FMLA and OFLA leave entitlement shall be used for

all employees. However, in all instances, the leave period for the purposes of OMFLA and Military Caregiver Leave under FMLA shall be dependent on the start of any such leave regardless of the district's designated leave period described above.

## Leave Duration

For the purposes of FMLA, an eligible employee is generally entitled to a total of 12 weeks of qualified leave during the district's designated leave period<sup>7</sup>. Spouses who work for the district may be limited to a combined 12 weeks of FMLA leave during the district's designated leave period when the purpose of the leave is for the birth of a child or to care for a child after birth, placement of an adopted child or child in foster care, the care for an adopted child or child in foster care after placement, or to care for the employee's parent's serious medical condition. Except in specific and unique instances, all qualified leave under FMLA counts toward an employee's leave entitlement within the designated leave period.

For the purposes of OFLA, an eligible employee is generally entitled to a total of 12 weeks of qualified leave during the designated leave period. However, an employee may be entitled to an additional, full 12 weeks of parental leave during the designated leave period following the birth of a child regardless of how much OFLA qualified leave the employee has taken prior to the birth of such child during the designated leave period. Likewise, an employee who uses the full 12 weeks of parental leave during the designated leave period, will be entitled to an additional 12 weeks of sick child leave under OFLA.<sup>8</sup> Unlike FMLA, OFLA does not combine the leave entitlement for spouses working for the district. However, under OFLA,

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family members who work for the district may be restricted from taking concurrent OFLA qualified leave.<sup>9</sup>

For the purposes of OMFLA, an eligible employee is entitled to 14 days of leave per call or order to active duty or notification of a leave from deployment. When an employee also meets the eligibility requirements of OFLA, the duration of the OMFLA leave counts toward that employee's leave entitlement during the designated leave period.

Except as otherwise noted above, qualified leave under FMLA and OFLA for an eligible employee will run concurrently during the designated leave period.

For the purpose of tracking the number of leave hours an eligible employee is entitled and/or has used during each week of the employee's leave, leave entitlement is calculated by multiplying the number of

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<sup>7</sup> An eligible employee taking Military Caregiver Leave under FMLA is entitled to up to 26 weeks of leave in the 12-month period beginning with the first day of such leave and regardless of any FMLA leave taken previously during the district's leave period. However, once the 12-month period begins for the purposes of Military Caregiver Leave under FMLA, any subsequent FMLA qualified leave, regardless of reason for such leave, will count toward the employee's 26-week entitlement under Military Caregiver Leave under FMLA.

<sup>8</sup> Sick child leave under OFLA need not be provided if another family member, including a noncustodial biological parent, is willing and able to care for the child.

<sup>9</sup> Exceptions to the ability to require family members from taking OFLA qualified leave at different times are when 1) employee is caring for the other employee who has a serious medical condition; 2) one employee is caring for a child with a serious medical condition when the other employee is suffering a serious medical condition; 3) each family member is suffering a serious medical condition; 4) each family member wants to take Bereavement Leave under OFLA; and 5) the employer allows the family members to take concurrent leave.

hours the eligible employee normally works per week by 12<sup>10</sup>. If an employee's schedule varies from week-to-week, a weekly average of the hours worked over the 12 months worked prior to the beginning of the leave period shall be used for calculating the employee's normal workweek<sup>11</sup>. If an employee takes intermittent or reduced work schedule leave, only the actual number of hours of leave taken may be counted toward the 12 weeks of leave to which the employee is entitled.

## **Intermittent Leave**

With the exception of parental leave which must be taken in one continuous block of time, an eligible employee is permitted under FMLA and OFLA to take intermittent leave for any qualifying reason.

Intermittent leave is taken in multiple blocks of time (i.e., hours, days, weeks, etc.) rather than in one continuous block of time and/or requiring an altered or reduced work schedule. For OFLA this includes but is not limited to sick child leave taken requiring an altered or reduced work schedule because the intermittent or recurring closure of a child's school or child care provider due to a statewide public health emergency declared by a public health official.

When an exempt employee is eligible for both OFLA and FMLA leave, and the employee takes intermittent leave in blocks of less than one day, if done in accordance with 29 CFR § 825.206, the district may reduce the employee's salary for the part-day absence without the loss of the employee's exempt status in accordance with OAR 839-020-0004(30)(a).

When an exempt employee is eligible for OFLA but not FMLA leave, and the employee takes intermittent leave in blocks of less than one day, the district will jeopardize the employee's exempt status if the district reduces the employee's salary for the party-day absence.

An employee's FMLA and/or OFLA intermittent leave time is determined by calculating the difference between the employee's normal work schedule and the number of hours the employee actually works during the leave period. The result of such calculation is credited against the eligible employee's leave entitlement.

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Holidays or days in which the district is not in operation, are not counted against the eligible employee's intermittent OFLA leave period unless the employee was scheduled and expected to work on any such day.

## **Alternate Work Assignment**

The district may transfer an employee recovering from a serious health condition to an alternate position which accommodates the serious health condition provided:

1. The employee accepts the position voluntarily and without coercion;

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<sup>10</sup> For example, an employee normally employed to work 30 hours per week is entitled to 12 times 30 hours, or a total of 360 hours of leave.

<sup>11</sup> For example, an employee working an average of 25 hours per week is entitled to 12 times 25 hours, or a total of 300 hours of leave.

2. The transfer is temporary, lasts no longer than necessary and has equivalent pay and benefits;
3. The transfer is compliant with any applicable collective bargaining agreement;
4. The transfer is compliant with state and federal law, including but not limited to the applicable protections provided for in FMLA and/or OFLA; and
5. The transfer is not used to discourage the employee from taking FMLA and/or OFLA leave for a serious health condition or to create a hardship for the employee.

The district may transfer an eligible employee who is on intermittent OFLA leave to another position with the same or different duties to accommodate the leave, provided:

1. The employee accepts the transfer position voluntarily and without coercion;
2. The transfer is temporary, lasts no longer than necessary to accommodate the leave and has equivalent pay and benefits;
3. The transfer is compliant with any applicable collective bargaining agreements;
4. The transfer is compliant with state and federal law, including but not limited to the applicable protections provided for in FMLA and/or OFLA;
5. The transfer to an alternate position is used only when there is no other reasonable option available that would allow the employee to use intermittent leave or reduced work schedule; and
6. The transfer is not used to discourage the employee from taking intermittent or reduced work schedule leave, or to create a hardship for the employee.

If an eligible employee is transferred to an alternative position to accommodate the employee's serious health condition, and as a result the employee works fewer hours than the employee was working in the original position, the employee's OFLA leave time is determined by calculating the difference between the employee's normal work schedule and the number of hours the employee actually works during the leave period.

When an employee is transferred to alternate position as described above but such transfer does not result in a reduced schedule, time worked in any such alternate position shall not be considered for the purpose of OFLA leave. An employee working in an alternate position retains the right to return to the employee's original position unless all OFLA leave taken in that leave year plus the period of time worked in the alternate position exceeds 12 weeks.

### **Special Rules for School Employees**

For the purposes of FMLA, "instructional employee" means those whose principal function is to teach and instruct students in a class, a small group or an individual setting. Athletic coaches, driving instructors and special education assistants, such as interpreters for the hearing impaired, are included in this definition. This definition does not apply to teacher assistants or aides who do not have as their principal job actual teaching or instructing, counselors, psychologists, curriculum specialists, cafeteria workers, maintenance workers or bus drivers.

For the purposes of OFLA, "school employee" means employees employed principally as instructors in public kindergartens, elementary schools, secondary schools or education service districts.

FMLA and/or OFLA leave that is taken for a period that ends with the school year and begins with the next semester is considered consecutive rather than intermittent. In any such situation, the eligible school employee will receive any benefits during the break period that employees would normally receive if they had been working at the end of the school year.

1. Foreseeable Intermittent Leave Exceeding 20 Percent of Working Days

When the qualified leave is foreseeable, will encompass more than 20 percent of the eligible school employee's regular work schedule during the leave period, and the purpose of such leave is to care for a family member with a serious medical condition, for a servicemember with a serious medical condition or because of the employee's own serious medical condition, the district may require the eligible school employee to:

- a. Take leave for a period or periods of a particular duration, not greater than the duration of the planned treatment; or
- b. Temporarily transfer the eligible school employee to an alternate position for which the employee is qualified, which has equivalent pay and benefits and which better accommodates recurring periods of leave than the employee's original position.

2. Limitation on Leave Near the End of the School Year

When an eligible school employee requests leave near the end of the school year, the district may require the following:

- a. When the qualified leave begins more than five weeks before the end of the school year:
  - (1) For the purposes of FMLA leave, the eligible school employee may be required to continue taking leave until the end of the school year provided:
    - (a) The leave will last at least three weeks; and
    - (b) The employee would return to work during the three-week period before the end of the term.
  - (2) For the purposes of OFLA leave, if the reason for the leave is because of the eligible school employee's own serious health condition, the eligible school employee may be required to remain on leave until the end of the school year, provided:
    - (a) The leave will last at least three weeks; and
    - (b) The employee's return to work would occur within three weeks of the end of the school year.
- b. For the purposes of FMLA and/or OFLA leave, when the qualified leave begins within five weeks of the end of the school year and the purpose of such leave is parental leave, for the serious health condition of a family member or for the serious health condition of a servicemember, the eligible school employee may be required to remain on leave until the end of the school year provided:
  - (1) The leave will last more than two weeks; and
  - (2) The employee would return to work during the two-week period before the end of the school year.

- c. For the purposes of FMLA and/or OFLA leave, when the qualified leave begins within three weeks of the end of the school year and the purpose of such leave is parental leave, for the serious health condition of a family member or for the serious health condition of a servicemember, the eligible school employee may be required to remain on leave until the end of the school year provided the length of the leave will last more than five working days.

If the district requires an eligible school employee to remain on leave until the end of the school year as described above, additional leave required by the employer until the end of the school year shall not count against the eligible school employee's leave entitlement.

### **Paid/Unpaid Leave**

FMLA and OFLA do not require the district to pay an eligible employee who is on a qualified leave. Paid Family Medical Leave Insurance (PMFLI) leave taken via Paid Leave Oregon or an equivalent plan will run concurrently with OFLA and FMLA when taken for the same purpose. Subject to any related provisions in any applicable collective bargaining agreement, the district requires the eligible employee to use any available accrued sick leave, vacation or personal leave days (or other available paid time established by board policies and/or collective bargaining agreement) in the order specified by the district and before taking FMLA and/or OFLA leave without pay during the leave period. This includes when an employee is being paid through PMFLI. The district will notify the eligible employee that the requested leave has been designated as FMLA and/or OFLA leave and if required by the district, the available paid leave shall be used during the leave period.

Eligible employees who request OMFLA leave shall not be required to use any available accrued paid time off during the OMFLA leave period.

### **Benefits and Insurance**

When an eligible employee returns to work following a FMLA or OFLA qualified leave, the employee must be reinstated to the same position the employee held when the leave commenced, or to an equivalent position with equivalent benefits, pay and other terms and conditions of employment.

During an OFLA qualified leave an eligible employee does not accrue seniority or other benefits that would have accrued while the employee was working, unless the terms of a collective bargaining agreement, other agreement or other district policy provide otherwise.<sup>12</sup> The eligible employee is also subject to layoff to the same extent similarly situated employees not taking OFLA leave are subject unless the terms of an applicable collective bargaining agreement, other agreement or the district's policies provide otherwise.

For the purposes of FMLA and OFLA, the district will continue to pay the employer portion of the eligible employee's group health insurance contribution (if applicable) during the qualified leave period. The eligible employee is required to pay the employee portion of any such group health insurance contribution as a condition of continued coverage.

For the purposes of FMLA qualified leave, the district's obligation to maintain the employee's group health insurance coverage will cease if the employee's contribution is remitted more than 30 calendar days late. The district will provide written notice that the premium payment is more than 30 calendar days late. Such notice will be provided within 15 calendar days before coverage is to cease.

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<sup>12</sup> See also ORS 342.934(4)(d) in reduction force situations.

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For the purposes of OMFLA, the eligible employee is entitled to a continuation of benefits.

### **Fitness-for-Duty Certification**

Prior to the reinstatement of an employee following a leave which was the result of the employee's own serious health condition, the district may require the employee to obtain and present a Fitness-for-Duty Certification. If the district is going to require a fitness-for-duty certification upon return to work, the district must notify the employee of such requirement when the leave is designated as FMLA and/or OFLA leave. Failure to provide the certification may result in a delay or denial of reinstatement.

For the purposes of FMLA qualified leave, any costs associated with obtaining the fitness-for-duty certification shall be borne by the employee.

For the purposes of OFLA qualified leave, any out-of-pocket costs associated with obtaining the fitness-for-duty certification shall be borne by the district.

If the leave is qualified under both FMLA and OFLA, any out-of-pocket costs associated with obtaining the fitness-for-duty certification shall be borne by the district.

### **Application**

Under federal and state law, an eligible employee requesting FMLA and/or OFLA leave shall provide at least 30 days' notice prior to the leave date if the leave is foreseeable. The notice shall be written and include the anticipated start date, duration and reasons for the requested leave. When appropriate, the eligible employee must make a reasonable effort to schedule treatment, including intermittent leave and reduced leave, so as not to unduly disrupt the operation of the district.

The district may request additional information to determine that the requested leave qualifies as FMLA and/or OFLA leave. The district may designate the employee as provisionally on FMLA and/or OFLA leave until sufficient information is received to properly make a determination. An eligible employee able to give advance notice of the need to take FMLA and/or OFLA leave must follow the district's known, reasonable and customary procedures for requesting any kind of leave.

For the purposes of FMLA, if advance notice is not possible, an employee eligible for FMLA leave must provide notice as soon as practicable. "As soon as practicable," for the purpose of FMLA leave, means as soon as both possible and practical, taking into account all of the facts and circumstances in the individual case. In most situations, as soon as practicable will be within one business day of an employee becoming aware of the need. Failure of an employee to provide the required notice for FMLA leave may result in the district delaying the employee's leave up to 30 days after the notice is ultimately given.

For the purposes of OFLA, an eligible employee is required to provide oral or written notice within 24 hours of commencement of the leave in unanticipated or emergency leave situations. The employee may designate a family member or friend to notify the district during that period of time. Failure of an employee to provide the required notice for leave covered by OFLA may result in the district deducting up to three weeks from the employee's unused OFLA leave in that one-year leave period. The employee may be subject to disciplinary action for not following the district's notice procedures.

When an employee fails to give advance notice for both the FMLA and OFLA above, the district must choose the remedy that is most advantageous to the employee.<sup>13</sup>

In all cases, proper documentation must be submitted no later than three working days following the employee's return to work.

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## **Medical Certification**

The district may require an eligible employee to provide medical documentation, when appropriate<sup>14</sup>, to support the stated reason for such leave. The district will provide written notification to an employee of this requirement within five working days of the employee's request for leave. If the employee provides less than 30 days' notice, the employee is required to submit such medical certification no later than 15 calendar days after receipt of the district's notification that medical certification is required.

Any additional certifications, including second and third opinions, will be in accordance with applicable law.

## **Posted Notice**

The district will post the Bureau of Labor and Industries Family Leave notice in each building or worksite that is accessible to and regularly frequented by employees.<sup>15</sup> The district will also post a notice explaining the provisions of FMLA and providing information concerning the procedures for filing complaints.<sup>16</sup>

## **Record Keeping**

The district will maintain all records as required by federal and state laws including dates leave is taken by employees, identified separately from other leave; hours/days of leave; copies of general and specific notices to employees, including Board policy(ies) and regulations; premium payments of employee health benefits while on leave and records of any disputes with employees regarding granting of leave.

Medical documentation will be maintained separately from personnel files as confidential medical records.

## **Federal vs. State Law**

Both federal and state law contain provisions regarding leave for family illness. Federal regulations state an employer must comply with both laws; that the federal law does not supersede any provision of state law that provides greater family leave rights than those established pursuant to federal law; and that OFLA

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<sup>13</sup> See OAR 839-009-0250(4)(c).

<sup>14</sup> Medical documentation is not allowed in every situation. Review current laws and guidance for more information.

<sup>15</sup> [https://www.oregon.gov/boli/employers/Documents/BOLI\\_Printable\\_FamilyMedLv.pdf](https://www.oregon.gov/boli/employers/Documents/BOLI_Printable_FamilyMedLv.pdf); electronic posting is not sufficient to satisfy this requirement, but may be used to supplement the physical posting.

<sup>16</sup> <https://www.dol.gov/sites/dolgov/files/WHD/legacy/files/fmlaen.pdf>; electronic posting is sufficient as long as it is posted prominently where it can be readily seen by employees and applicants for employees. The poster and the text must be large enough to be easily read and contain fully legible text.

and FMLA leave entitlements run concurrently. State law requires that FMLA and OFLA leave entitlements run concurrently when possible.

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DELETED

# OSBA Model Sample Administrative Regulation

Code: GCBDA/GDBDA-AR(1)

Revised/Reviewed:

## Family and Medical Leave \*

(Version 1)

{The law does not require districts to have this information in an administrative regulation (AR), but the district is required to follow the law; having an AR in place can assist with compliance. This AR is intended for districts with 50 or more employees. If the district has between 25 and 50 employees, use version 2 (Oregon Family Leave Act (OFLA)) of GCBDA/GDBDA-AR(1) - Family Leave \*. If the district does not have 25 employees, the district should not use this AR.}

### Employee Eligibility

FMLA benefits are available to employees who have been employed by the district for at least 12 months, have worked at least 1,250 hours during the past 12-month period and work at a worksite that employs 50 district employees within 75 miles of the worksite.

An employee who has previously qualified for and has taken some portion of FMLA leave may request additional FMLA leave within the same leave year. In such instances, the employee may not need to requalify as an eligible employee.

Generally, in order for an employee to be eligible for the benefits under OFLA, the employee must work an average of 25 hours or more per week during the 180 calendar days<sup>1</sup> immediately prior to the first day of the start of the requested leave.<sup>2</sup>

An employee is eligible to take leave for any purposes of OFLA during a period of time covered by a public health emergency except:

1. An employee who has worked for the district for fewer than 30 days immediately before the date on which the family leave would commence; or
2. An employee who has worked for the district for an average of fewer than 25 hours per week in the 30 days immediately before the date on which the family leave would commence.

An employee of the district is eligible to take leave for purposes of OFLA if the employee:

1. Separates from employment with the district, irrespective of any reason:
  - a. Is eligible to take leave OFLA at the time the employee separates; and
  - b. Is reemployed by the district within 180 days of separation from employment; or
2. Is eligible to take OFLA leave:

<sup>1</sup> Thirty days during a declared public health emergency.

<sup>2</sup> The requirements of OFLA do not apply to any employer offering eligible employees a nondiscriminatory cafeteria plan, as defined by section 125 of the Internal Revenue Code of 1986, which provides as one of its options employee leave at least as generous as the leave required by OFLA.

- a. At the beginning of a temporary cessation of scheduled hours of 180 days or less; and
- b. Returns to work at the end of the temporary cessation of scheduled hours of 180 days or less.

Any OFLA leave taken by the employee within any one-year period continues to count against the length of time of OFLA leave the employee is entitled. The amount of time that an employee is deemed to have worked for the district prior to a break in service due to a separation from employment or a temporary cessation of scheduled hours shall be restored to the employee when the employee is reemployed by the district within 180 days of separation from employment or when the employee returns to work at the end of the temporary cessation of scheduled hours of 180 days or less.

When an employee requests OFLA leave, or when the district acquires knowledge that an employee's leave may be for a purpose that constitutes OFLA leave, the district will notify the employee of the employee's eligibility to take OFLA leave within five business days, absent extenuating circumstances. Whether an employee is an "eligible employee" as defined in OAR 839-009-0210 is determined, a notice must be provided, at the commencement of the first instance of each purpose for leave listed in OAR 839-009-0240 during the OFLA leave year. If an employee is an "eligible employee" as defined in OAR 839-009-0210 for the purpose listed in OAR 839-009-0240, the employee's eligibility for that purpose does not change during the applicable 12-month period. In addition:

1. An employee taking, in any order, some or all of 12 weeks of OFLA pregnancy disability leave and some or all of 12 weeks of OFLA leave for any other purpose, need not requalify each time the employee takes OFLA leave within the same leave year;
2. An employee who has taken 2 weeks of OFLA child placement leave need not requalify for up to an additional 12 weeks of leave within the same leave year when used for the purposes of OFLA sick child leave;
3. An employee unable to work because of a disabling compensable injury<sup>3</sup> need not requalify under OAR 839-009-0210 in order to use OFLA leave following a period the employee is off work due to the compensable injury.

In determining if an employee has been employed for the preceding 180 calendar days under OFLA, the district must consider days, paid or unpaid, an employee is maintained on payroll.

Leave under the Oregon Military Family Leave Act (OMFLA) applies to employees who work an average of at least 20 hours per week. There is no minimum number of days worked when determining employee eligibility for OMFLA.

In determining average workweek, under FMLA and OFLA, the employer must count the actual hours worked using the Fair Labor Standards Act (FLSA) guidelines.

### **Qualifying Reason**

Eligible employees may access FMLA leave entitlements for the following reasons:

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<sup>3</sup> As defined in ORS 656.005.

1. Serious health condition of the employee or the employee’s covered family member. “Serious health condition” means an illness, injury, impairment or physical or mental condition that involves inpatient care<sup>4</sup> or continuing treatment by a health care provider<sup>5</sup>.
2. Parental leave<sup>6</sup> (separate from eligible leave as a result of a child’s serious health condition):
  - a. Bonding with and caring for the employee’s newborn child (within 12 months following birth);
  - b. Bonding with and caring for a newly adopted child or newly placed child in foster care<sup>{7}</sup> under the age of 18 (within 12 months of placement);
  - c. Caring for a newly adopted child or newly placed child in foster care 18 years of age or older who is incapable of self-care because of a mental or physical disability (within 12 months of placement);
  - d. Time to effectuate the legal process required for placement of a child in foster care or the adoption of a child.
3. Military caregiver leave: leave for the care for spouse, child or next-of-kin who is a covered servicemember with a serious injury or illness;
4. Qualifying exigency leave: leave arising out of deployment to a foreign country of the employee’s spouse, child or parent who is a military member on active duty or call to covered active duty status.

Eligible employees may access OFLA leave entitlements for the following reasons:

1. Pregnancy disability leave: leave taken by an employee for their own disability related to pregnancy, including pregnancy termination or childbirth, whether the disability occurs before, during or after the birth of the child or for prenatal care, including fertility or infertility treatment.
2. Sick child leave: leave taken to care for an employee’s child suffering from an illness, injury, or condition that requires home care. Under OFLA, sick child leave includes leave to care for an employee’s child whose school or child care provider has been closed<sup>8</sup> in conjunction with a statewide public health emergency declared by a public health official.<sup>9</sup>

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<sup>4</sup> “Inpatient care” means an overnight stay in a hospital, hospice, or residential medical facility, including any period of incapacity or any subsequent treatment in connection with such inpatient care. See 29 CFR § 825.114.

<sup>5</sup> “Continuing treatment” includes incapacity and treatment, pregnancy or prenatal care, chronic conditions, permanent or long-term conditions, conditions requiring multiple treatments, and absences attributable to incapacity. See 29 CFR § 815.115.

<sup>6</sup> Parental leave must be taken in one continuous block of time within 12 months of the triggering event.

<sup>7</sup> {ORS 659A.159 uses the term “foster child.” Districts can choose to use either “foster child” or “child in foster care” throughout this administrative regulation.}

<sup>8</sup> “Closure” (OAR 839-009-0210(5)) for the purpose of sick child leave during a statewide public health emergency declared by a public health official means a closure that is ongoing, intermittent, or recurring and restricts physical access to the child’s school or child care provider as defined in OAR 839-009-0210(4).

<sup>9</sup> The district may request verification of the need for sick child leave under OFLA due to a closure during a statewide public health emergency. Verification may include:

1. The name of the child being cared for;
2. The name of the school or child care provider that has closed or become unavailable;
3. A statement from the employee that no other family member of the child is willing and able to care for the child; and

Bereavement leave: leave taken to deal with the death of a covered family member and includes leave taken to attend the funeral or alternative to a funeral of the family member, to make arrangements necessitated by the death of the family member, or to grieve the death of the family member.<sup>10</sup> Eligible employees may also access OMFLA under OFLA for the purpose of spending time with a spouse or domestic partner who is in the military and has been notified of an impending call or order to active duty, or who has been deployed during a period of military conflict.

## Definitions

### 1. Family member:

#### a. For the purposes of FMLA, “family member” means:

- (1) Spouse<sup>11</sup>;
- (2) Parent<sup>12</sup>;
- (3) Child; or
- (4) Persons who are “in loco parentis.”

#### b. For the purposes of OFLA, “family member” means an eligible employee’s:

- (1) Spouse or domestic partner;
- (2) Child or the child’s spouse or domestic partner;
- (3) Parent or the parent’s spouse or domestic partner;
- (4) Sibling or stepsibling, or the sibling’s or stepsibling’s spouse or domestic partner;
- (5) Grandparent or the grandparent’s spouse or domestic partner;
- (6) Grandchild or the grandchild’s spouse or domestic partner; or
- (7) Any individual related by blood or affinity whose close association with an eligible employee is the equivalent of a family relationship.<sup>13</sup>

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4. With the care of a child older than 14, a statement that special circumstances exist requiring the employee to provide care to the child during daylight hours.

<sup>10</sup> Bereavement leave under OFLA must be completed within 60 days of the date the employee received notice of the death. The notice of the death of a family member may be by any means and from any source.

<sup>11</sup> “Spouse” means individuals in a marriage, including “common law” marriage and same-sex marriage.

<sup>12</sup> “Parent” means a biological, adoptive, step or foster parent, or any other individual who stood “in loco parentis” to the employee when the employee was a child as defined herein. This does not include parents “in law.”

<sup>13</sup> “Affinity” means a relationship for which there is a significant personal bond that, when examined under the totality of the circumstances, is like a family relationship. This bond may be demonstrated by, but is not limited to the following factors, with no single factor being determinative:

1. Shared personal financial responsibility, including shared leases, common ownership of real or personal property, joint liability for bills or beneficiary designations;
2. Emergency contact designation of the employee by the other individual in the relationship or the emergency contact designation of the other individual in the relationship by the employee;
3. The expectation to provide care because of the relationship or the prior provision of care;
4. Cohabitation and its duration and purpose;
5. Geographic proximity; and
6. Any other factor that demonstrates the existence of a family-like relationship.

## 2. Child:

- a. For the purposes of FMLA, “child” means the eligible employee’s biological or adopted child, a child the employee is fostering, a stepchild, a legal ward or a child of a person standing “in loco parentis”, who is either under the age of 18, or who is 18 years of age or older and who is incapable of self-care because of a physical or mental disability.
- b. For the purposes of Military Caregiver Leave and Qualifying Exigency Leave under FMLA, “child” means the employee’s child on covered active duty regardless of that child’s age.
- c. For the purposes of OFLA, “child” means the eligible employee’s biological or adopted child, a child the employee is fostering, a stepchild, the child of the employee’s spouse or domestic partner, or a child with whom the employee is or was in a relationship of “in loco parentis.”
- d. For the purposes of child placement leave and sick child leave only under OFLA, the child must be under the age of 18 or an adult dependent child substantially limited by a physical or mental impairment.

## 3. In loco parentis:

- a. For the purposes of FMLA, “in loco parentis” means persons with day-to-day responsibility to care for or financially support a child, or, in the case of an employee, who had such responsibility for the employee when the employee was a child. A biological or legal relationship is not necessary.
- b. For the purposes of OFLA, “in loco parentis” means person in the place of the parent, having financial or day-to-day responsibility for the care of a child. A legal or biological relationship is not required.

## 4. Next of kin:

For the purposes of FMLA , “next of kin” means the nearest blood relative other than the covered servicemember’s spouse, parent or child in the following order of priority (unless otherwise designated in writing by the servicemember):

- a. Blood relatives who have been granted legal custody of the covered servicemember by court decree or statutory provisions;
- b. Siblings;
- c. Grandparents;
- d. Siblings of parents and their spouses; and
- e. First cousins.

## 5. Covered servicemembers:

For the purposes of FMLA, “covered servicemember” means a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list for a serious injury or illness; or a covered veteran who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.

## 6. Covered veteran:

For the purposes of FMLA, “covered veteran” means an individual who was:

- a. A member of the Armed Forces (including a member of the National Guard or Reserves);
- b. Discharged or released under conditions other than dishonorable; and
- c. Discharged within the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran.

#### 7. Public health emergency:

For OFLA a “public health emergency” means;

- a. A public health emergency declared under ORS 433.441.
- b. An emergency declared under ORS 401.165 if related to a public health emergency as defined in ORS 433.442.

#### Leave Period

For the purposes of calculating an employee’s leave period for FMLA, the district will use a period of 52 consecutive weeks beginning the Sunday immediately preceding the date on which leave commences.

For the purposes of calculating an employee’s leave period for OFLA, the district will use a period of 52 consecutive weeks beginning on the Sunday immediately preceding the date on which family leave commences.

The methods for calculating the leave period for FMLA or OFLA leave entitlement shall be used for all employees.

The leave period for the purposes of Military Caregiver Leave under FMLA shall be dependent on the start of any such leave regardless of the district’s designated leave period described above.

#### Leave Duration

For the purposes of FMLA, an eligible employee is generally entitled to a total of 12 weeks of qualified leave during the district’s designated leave period (12-month period)<sup>14</sup>. Spouses who work for the district and are eligible for FMLA leave may be limited to a combined total of 12 weeks of FMLA leave during the district’s designated leave period when the purpose of the leave is for:

1. Birth of a child or to care for a child after birth;
2. Placement of an adopted child or child in foster care, the care for an adopted child or child in foster care after placement; or
3. Care of the employee’s parent with a serious medical condition.

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<sup>14</sup> An eligible employee taking Military Caregiver Leave under FMLA is entitled to up to 26 weeks of leave in the 12-month period beginning with the first day of such leave and regardless of any FMLA leave taken previously during the district’s leave period. However, once the 12-month period begins for the purposes of Military Caregiver Leave under FMLA, any subsequent FMLA qualified leave, regardless of reason for such leave, will count toward the employee’s 26-week entitlement under Military Caregiver Leave under FMLA.

Except in specific and unique instances, all qualified leave under FMLA counts toward an employee's leave entitlement within the designated leave period.

For the purposes of OFLA, an eligible employee is generally entitled to a total of up to 12 weeks of OFLA leave, for sick child leave and bereavement leave, during the designated leave period. An eligible employee is entitled to a total of two weeks of bereavement leave upon the death of each family member of the employee within a leave year, except that the eligible employee may not take more than four weeks of bereavement leave within a leave year.

An employee may also be entitled to take a total of 12 weeks of OFLA pregnancy disability leave within the same leave year.

Under OFLA, the employee may use all or part of the 12 weeks of sick child or bereavement leave and all or part of the 12 weeks of pregnancy disability leave in any order.

Unlike FMLA, OFLA does not combine the leave entitlement when two or more family members work for the district. Under OFLA, family members who work for the district may be restricted from taking concurrent OFLA qualified leave.<sup>15</sup>

For the purposes of OMFLA, an eligible employee is entitled to 14 days of leave per call or order to active duty or notification of a leave from deployment. When an employee also meets the eligibility requirements of OFLA, the duration of the OMFLA leave counts toward that employee's leave entitlement during the designated leave period.

Qualified leave under FMLA and OFLA for an eligible employee will run concurrently during the designated leave period if for the same qualifying reason. Qualified leave under FMLA will run concurrently with other qualified leave covered under Paid Family and Medical Leave Insurance (PFMLI) and/or available sick leave under ORS 653.601 - 653.661 for eligible employees. Qualified leave under OFLA may also run concurrently with leave taken under the sick leave law in ORS 653.601 - 653.661 if for the same qualifying reason, but not concurrent with PFMLI.

For the purpose of tracking the number of leave hours an eligible employee is entitled and/or has used during each week of the employee's leave, leave entitlement is calculated by multiplying the number of hours the eligible employee normally works per week by 12<sup>16</sup>. If an employee's schedule varies from week-to-week, a weekly average of the hours worked over the 12 months worked prior to the beginning of the leave period shall be used for calculating the employee's normal workweek<sup>17</sup>. If an employee takes intermittent or reduced work schedule leave, only the actual number of hours of leave taken may be counted toward the 12 weeks of leave to which the employee is entitled.

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<sup>15</sup> Exceptions to the ability to require family members to take OFLA qualified leave at different times are when one employee needs to care for a child for a purpose described in ORS 659A.159 (1)(a) while another employee is taking pregnancy disability leave or, one or more of the employees is taking bereavement leave.

<sup>16</sup> For example, an employee normally employed to work 30 hours per week is entitled to 12 times 30 hours, or a total of 360 hours of leave.

<sup>17</sup> For example, an employee working an average of 25 hours per week is entitled to 12 times 25 hours, or a total of 300 hours of leave.

Holidays which occur within the week taken as FMLA may be counted against FMLA entitlement.<sup>18</sup> However, for leave taken in increments of less than one week, holidays in which employees generally are not expected to report do not count against the employees FMLA leave entitlement.

Under OFLA, days in which the district is not in operation, are not counted toward intermittent or reduced work schedule OFLA leave.

### **Intermittent Leave**

An eligible employee is permitted under FMLA or OFLA to take intermittent leave for any qualifying reason.

Intermittent leave is taken in separate periods of time (i.e., hours, days, weeks, etc.), rather than in one continuous period of time, and/or requiring an altered or reduced work schedule. For OFLA this includes but is not limited to sick child leave taken requiring an altered or reduced work schedule because the intermittent or recurring closure of a child's school or child care provider due to a statewide public health emergency declared by a public health official.

When an exempt employee is eligible for both OFLA and FMLA leave, and the employee takes intermittent leave in blocks of less than one day, if done in accordance with 29 CFR § 825.206, the district may reduce the employee's salary for the part-day absence without the loss of the employee's exempt status in accordance with OAR 839-020-0004(32).

When OFLA leave is not covered by FMLA leave, and the employee takes intermittent leave in blocks of less than one day, the district will jeopardize the employee's exempt status if the district reduces the employee's salary for the part-day absence.

An employee's FMLA and/or OFLA intermittent leave time is determined by calculating the difference between the employee's normal work schedule and the number of hours the employee actually works during the leave period. The result of such calculation is credited against the eligible employee's leave entitlement.

### **Alternate Work Assignment**

Under FMLA, the district may transfer an employee taking intermittent leave or leave on a reduced leave schedule that is foreseeable based on planned medical treatment to an alternate position for which the employee is qualified and which better accommodates an employee's recovery from a serious health condition, a serious health condition of a spouse, parent, son, or daughter, or a serious injury of illness of a covered servicemember. However, the district may not transfer the employee to an alternative position in order to discourage the employee from taking leave or otherwise work a hardship on the employee.

Under FMLA, when an employee who is taking leave intermittently or on a reduced leave schedule and has been transferred to an alternative position no longer needs to continue on leave and is able to return to full-time work, the employee will be placed in the same or equivalent job as the job they left when the leave commenced. An employee may not be required to take more leave than necessary to address the circumstance that precipitated the need for leave.

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<sup>18</sup> See 29 CFR § 825.200(h).

Under OFLA, the district may transfer an employee on intermittent OFLA leave or reduced work schedule into an alternate position with the same or different duties to accommodate leave, provided:

1. The employee accepts the position voluntarily and without coercion;
2. The transfer is temporary, lasts no longer than necessary to accommodate the leave and has equivalent pay and benefits;
3. The transfer is compliant with any applicable collective bargaining agreement, as well as with state and federal law;
4. The transfer to an alternate position is used only when there is no other reasonable option available that would allow the employee to use intermittent leave or reduced work schedule; and
5. The transfer is not used to discourage the employee from taking leave or to create a hardship for the employee.

Under OFLA, an employee transferred to an alternate position for the purpose of a reduced work schedule must be returned to the employee's former position when the employee notifies the employer that the employee is ready to return to the former position at the end of the alternate duty leave.

The district may transfer an eligible employee to an alternate position that accommodates OFLA pregnancy disability leave provided:

1. The employee accepts the transfer position voluntarily and without coercion;
2. The transfer is temporary, lasts no longer than necessary and has equivalent pay and benefits;
3. The transfer is compliant with any applicable collective bargaining agreements, as well as with state and federal law;
4. The transfer is not used to discourage the employee from taking OFLA leave or to create a hardship for the employee.

Under OFLA, if an eligible employee is transferred to an alternative position and as a result the employee works fewer hours than the employee worked in the original position, the employee's OFLA leave time is determined by calculating the difference between the number of hours the employee worked in the original position and the number of hours the employee actually works in the alternative position.

An employee is not on OFLA leave if the employee has been transferred – as provided for in OAR 839-009-0245 (5) – to an alternate position for the purpose of alternate work duties that the employee is able to perform within the limitations of the employee's pregnancy disability, but not requiring a reduced workweek. An employee working in an alternate position retains the right to return to the employee's original position at any time during the employee's OFLA leave. This does not impair the right of an employee to a reasonable accommodation or the application of any other state or federal law.

### **Special Rules for School Employees**

For the purposes of FMLA, "instructional employee" means those whose principal function is to teach and instruct students in a class, a small group or an individual setting. Athletic coaches, driving instructors and

special education assistants, such as interpreters<sup>19</sup> for the hearing impaired, are included in this definition. This definition does not include teacher assistants or aides who do not have as their principal job actual teaching or instructing, auxiliary personnel such as counselors, psychologists, curriculum specialists, cafeteria workers, maintenance workers or bus drivers.

FMLA leave that is taken for a period that ends with the school year and begins with the next semester is considered consecutive rather than intermittent. The period during the summer vacation when the employee would not have been required to report for duty is not counted against the employee's FMLA leave entitlement. In any such situation, the eligible instructional employee will receive any benefits during the break period that employees would normally receive if they had been working at the end of the school year.

#### 1. Foreseeable Intermittent Leave Exceeding 20 Percent of Working Days

When the qualified leave is foreseeable, will encompass more than 20 percent of the eligible instructional employee's regular work schedule during the leave period, and the purpose of such leave is to care for a family member with a serious medical condition, for a covered servicemember or for the employee's own serious medical condition, the district may require the eligible instructional employee to choose either to:

- a. Take leave for a period or periods of a particular duration, not greater than the duration of the planned treatment; or
- b. Temporarily transfer to an available alternate position for which the employee is qualified, which has equivalent pay and benefits and which better accommodates recurring periods of leave than the employee's regular position.

If an instructional employee does not give required notice of foreseeable FMLA leave to be taken intermittently or on a reduced leave schedule, the district may require the employee to take leave of a particular duration, or to transfer temporarily to an alternative position. Alternatively, the district may require the employee to delay the taking of leave until the notice provision is met.

#### 2. Limitation on Leave Near the End of the Term<sup>20</sup>

When an eligible instructional employee requests leave near the end of the term, the district may require the following:

- a. When the qualified leave begins more than five weeks before the end of the term, the district may require the employee to continue taking leave until the end of the term if:
  - (1) The leave will last at least three weeks; and
  - (2) The employee would return to work during the three-week period before the end of the term.

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<sup>19</sup> 29 CFR 825.600(c) uses "signers."

<sup>20</sup> "Academic term" means the school semester, which typically ends near the end of the calendar year and the end of spring each school year. In no case may a school have more than two academic terms or semesters each year for purposes of FMLA. 29 CFR § 825.602(b)

b. When the qualified leave begins during a five-week period before the end of the term and the purpose of such leave is parental leave, for the serious health condition of a family member or to care for a covered servicemember, the eligible instructional employee may be required by the district to remain on leave until the end of the term if:

- (1) The leave will last more than two weeks; and
- (2) The employee would return to work during the two-week period before the end of the term.

c. When the qualified leave begins within three weeks of the end of the term and the purpose of such leave is parental leave, for the serious health condition of a family member or to care for a covered servicemember, the eligible instructional employee may be required to remain on leave until the end of the term if the length of the leave will last more than five working days.

If the district requires an eligible instructional employee to remain on leave until the end of the term as described above, additional leave required by the district until the end of the school term shall not count against the eligible instructional employee's leave entitlement.

For the purposes of OFLA leave, if an employee<sup>21</sup> begins a period of bereavement leave during the three-week period before the end of the term and the duration of the leave is greater than five working days, the district may require the employee continue on family leave until the end of the term.

### **Paid/Unpaid Leave**

FMLA and OFLA do not require the district to pay an eligible employee who is on a qualified leave. Paid Family and Medical Leave Insurance (PFMLI) leave taken via Paid Leave Oregon or an equivalent plan will run concurrently with FMLA and leave available under ORS 653.601 - 653.661 when taken for the same purpose. An employee may elect to use any available accrued paid leave including personal, sick or vacation leave during the leave period {<sup>22</sup>} to the extent that the total combined amount of accrued paid leave and benefits received from PFMLI does not exceed an amount equal to the employee's full wage replacement during the period of leave. The district will notify the eligible employee when the requested leave has been designated as FMLA or OFLA leave and ask the employee about the use of available accrued paid leave.

Eligible employees taking OMFLA leave are entitled to use available accrued paid time off during the OMFLA leave period.

### **Benefits and Insurance**

When an eligible employee returns to work following a FMLA-, OFLA- or OMFLA-qualified leave, the employee must be reinstated to the same position the employee held when the leave commenced, or to an equivalent position with equivalent benefits, pay and other terms and conditions of employment.

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<sup>21</sup> Applies only to an employee who is employed principally in an instructional capacity by the district.

<sup>22</sup> {Select one of the two bracketed options based on district practice, i.e., keep the ending to this sentence OR delete this ending and keep the following bracketed sentence. See ORS 657B.030(2) (as amended by SB 1515 (2024) for additional guidance).}

During an OFLA qualified leave an eligible employee does not accrue seniority or other benefits that would have accrued while the employee was working, unless the terms of a collective bargaining agreement, other agreement or other district policy provide otherwise.<sup>23</sup> The eligible employee is also subject to layoff to the same extent similarly situated employees not taking OFLA leave are subject unless the terms of an applicable collective bargaining agreement, other agreement or the district's policies provide otherwise.

For the purposes of FMLA and OFLA, the district will continue to pay the employer portion of the eligible employee's group health insurance contribution (if applicable) during the qualified leave period. The eligible employee is required to pay the employee portion of any such group health insurance contribution as a condition of continued coverage.

For the purposes of FMLA qualified leave, the district's obligation to maintain the employee's group health insurance coverage will cease if the employee's contribution is remitted more than 30 calendar days late. The district will provide written notice that the premium payment is more than 30 calendar days late. Such notice will be provided within 15 calendar days before coverage is to cease.

For the purposes of OMFLA, the eligible employee is entitled to a continuation of benefits.

### **Fitness-for-Duty Verification**

For purposes of FMLA, prior to the reinstatement of an employee following a leave which was the result of the employee's own serious health condition, the district may require the employee to obtain and present a Fitness-for-Duty Certification. If the district is going to require a Fitness-for-Duty Certification upon return to work, the district must notify the employee of such requirement when the leave is designated as FMLA leave and that failure to provide the certification may result in a delay or denial of reinstatement. Any costs associated with obtaining the certification shall be borne by the employee.

### **Application**

For purposes of FMLA, an eligible employee requesting FMLA leave shall provide at least 30 days' notice prior to the leave date if the leave is foreseeable. The notice shall be written and include the anticipated start date, duration and reasons for the requested leave. When appropriate, the eligible employee must make a reasonable effort to schedule treatment, including intermittent leave and reduced leave, so as not to unduly disrupt the operation of the district. An eligible employee able to give advance notice of the need to take FMLA leave must follow the district's known, reasonable and customary procedures for requesting any kind of leave.

For purposes of OFLA, an eligible employee shall provide at least {<sup>24</sup>} 30 days' written notice of the need for foreseeable leave before starting family leave. An employee may commence family leave without prior notice in the event of: an unexpected illness, injury or condition of a child of the employee that requires home care; the death of a family member; or an illness, injury or condition related to the employee's own pregnancy or childbirth that disables the employee from performing any available job duties offered by the district. If an employee commences leave without prior notice as allowed above, the employee must give

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<sup>23</sup> See also ORS 342.934(4)(d) in reduction force situations.

<sup>24</sup> {This number of days should align with the days provided in the leave request form.}

oral notice<sup>25</sup> to the employer within 24 hours of the commencement of the leave and must provide the written notice within three days after returning to work. Failure of an employee to provide the required notice for leave may result in the district deducting up to three weeks from the employee's unused OFLA leave in that one-year leave period. The employee may be subject to disciplinary action for not following the district's notice procedures.

The district may request additional information<sup>26</sup> to determine the requested leave qualifies as FMLA or OFLA leave. The district may designate the employee as provisionally on FMLA or OFLA leave until sufficient information is received to properly make a determination. An eligible employee able to give advance notice of the need to take leave must follow the district's known, reasonable and customary procedures for requesting any kind of leave.

For the purposes of FMLA, if advance notice is not possible, an employee eligible for FMLA leave must provide notice as soon as practicable. "As soon as practicable," for the purpose of FMLA leave, means as soon as both possible and practical, taking into account all of the facts and circumstances in the individual case. In most situations, as soon as practicable will be within one business day of an employee becoming aware of the need. Failure of an employee to provide the required notice for FMLA leave may result in the district delaying the employee's leave up to 30 days after the notice is ultimately given.<sup>27</sup>

For the purposes of OFLA, if an eligible employee is taking leave in an unforeseeable situation, an employee must give oral or written notice<sup>28</sup> within 24 hours before or after commencement of the leave. In all cases, proper documentation must be submitted no later than three working days following the employee's return to work.

For purposes of OMFLA, an employee must provide the district with notice of the intention to take leave within five business days of receiving official notice of an impending call or order to active duty or of a leave from deployment.

## **Verification**

Under FMLA, the district may require an eligible employee to provide medical certification, when appropriate<sup>29</sup>, to support the stated reason for such leave. In most cases, the district will provide written notification to an employee of this requirement within five working days of the employee's request for leave. The employee is required to submit such medical certification no later than 15 calendar days after receipt of the district's notification that medical certification is required, unless not practicable. Any additional certifications, including second and third opinions, will be in accordance with applicable law.

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<sup>25</sup> Oral notice may be given by any other person on behalf of the employee taking the leave.

<sup>26</sup> Except in cases to verify OFLA bereavement leave unless the district requires the use of an attestation form for purposes of determining affinity.

<sup>27</sup> See 29 CFR § 825.304.

<sup>28</sup> Notice may be given by any other person on behalf of the employee taking the leave.

<sup>29</sup> Medical verification is not allowed in every situation. Review current laws and guidance for more information.

Under OFLA, the district may require an eligible employee to provide medical verification, when appropriate<sup>30</sup>, to support the stated reason for qualifying OFLA leave. The district will provide written notification to an employee of this requirement and state the consequences for failure to provide the requested medical verification. If the employee gives advance written notice of foreseeable leave, the district may require the employee to provide medical verification for OFLA leave before the leave starts. If the employee begins unforeseeable OFLA leave without prior notice, the employee is required to submit such medical verification within 15 calendar days after receipt of the district's request for medical verification. The employee may be subject to disciplinary action for not providing the requested medical verification.

For the purposes of OFLA qualified leave, costs associated with obtaining the medical verification shall be borne by the district, or be paid as otherwise allowed by law. The district will not delay the use of qualifying OFLA leave when medical verification is not received before the commencement of unforeseeable leave. The district may not require an employee to obtain a second opinion.

Under OFLA, the district may request verification for the need for leave to care for a child who requires home care due to the closure of the child's school or child care provider as a result of a public health emergency. A request for verification may include a request for:

1. The name of the child requiring home care;
2. The name of the school or child care provider that is subject to the closure;
3. A statement from the employee that no other family member of the child is willing and able to care for the child; and
4. A statement that special circumstances exist that require the employee to provide home care for the child during the day, if the child is older than 14 years of age.

### **Posted Notice**

The district will post the Bureau of Labor and Industries Family Leave notice in each building or worksite in an area that is accessible to and regularly frequented by employees.<sup>31</sup> The district will also post a notice explaining the provisions of FMLA and providing information concerning the procedures for filing complaints.<sup>32</sup>

### **Record Keeping**

The district will maintain all records as required by federal and state laws including dates leave is taken by employees, identified separately from other leave; hours/days of leave; copies of general and specific

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<sup>30</sup> Medical verification is not allowed in every situation. Review current laws and guidance for more information. (OAR 839-009-0260)

<sup>31</sup> [https://www.oregon.gov/boli/employers/Documents/BOLI\\_Printable\\_FamilyMedLv.pdf](https://www.oregon.gov/boli/employers/Documents/BOLI_Printable_FamilyMedLv.pdf); electronic posting is not sufficient to satisfy this requirement, but may be used to supplement the physical posting.

<sup>32</sup> <https://www.dol.gov/sites/dolgov/files/WHD/legacy/files/fmlaen.pdf>; electronic posting is sufficient as long as it is posted prominently where it can be readily seen by employees and applicants for employees. The poster and the text must be large enough to be easily read and contain fully legible text.

notices to employees, including Board policy(ies) and regulations; premium payments of employee health benefits while on leave and records of any disputes with employees regarding granting of leave.

Medical documentation will be maintained separately from personnel files as confidential medical records.

### **Federal vs. State Law**

Both federal and state law contain provisions for family and medical leave. Federal regulations state an employer must comply with all leave laws; that the federal law does not supersede any provision of state law that provides greater family or medical leave rights than those established pursuant to federal law; and if leave qualifies for FMLA and OFLA leave, the leave used counts against the employee's entitlement under both laws. State law requires that FMLA and OFLA or other state leave entitlements run concurrently when for the same purpose.

# Fern Ridge School District 28J

Code: GCBDA/GDBDA-AR(2)  
Revised/Reviewed: 4/19/21  
Orig. Code: GCBDA/GDBDA-AR(2)

## Request for Family and Medical Leave

Employee Request for Family and Medical Leave (FMLA) and/or Oregon Family Leave (OFLA)

PLEASE PRINT

Where the need for the leave may be anticipated, written request for family and medical leave must be made, if practical, at least 30 days prior to the date the requested leave is to begin. Failure to request leave in a timely manner could result in either the leave being postponed or the amount of leave available reduced up to three weeks.

Name \_\_\_\_\_ Effective date of the leave \_\_\_\_\_

Department \_\_\_\_\_ Title \_\_\_\_\_

Status:  Full-time  Part-time  Temporary

Hire date \_\_\_\_\_ Length of service \_\_\_\_\_

Have you taken a family leave in the past 12 months?  Yes  No

If yes, how many work days? \_\_\_\_\_ Reason for leave \_\_\_\_\_

I request family or medical leave for one or more of the following reasons:<sup>1</sup>

1.  Because of the birth of my child and to care for him or her. (District: Use GCBDA/GDBDA-AR(3)(A) Certification Form)  
Expected date of birth \_\_\_\_\_ Actual date of birth \_\_\_\_\_  
Leave to start \_\_\_\_\_ Expected return date \_\_\_\_\_
2.  Because of the placement of a child with me for adoption or foster care. (District: Use GCBDA/GDBDA-AR(3)(A) Certification Form)  
Age of child \_\_\_\_\_ Date of placement \_\_\_\_\_  
Leave to start \_\_\_\_\_ Expected return date \_\_\_\_\_
3.  To care for a family member<sup>2</sup> with a serious health condition. (District: Use GCBDA/GDBDA-AR(3)(B) Certification Form)  
Leave to start \_\_\_\_\_ Expected return date \_\_\_\_\_

<sup>1</sup> A physician's certification may be required to support a request for family and medical leave. In addition, a fitness-for-duty certification may be required before reinstatement following the leave.

<sup>2</sup> "Family member," for purposes of FMLA and OFLA leave, means the spouse, custodial parent, noncustodial parent, adoptive parent, stepparent or foster parent, biological parent, child of the employee (biological, adopted, foster or step child, a legal ward or child of the employee standing in loco parentis) or a person with whom the employee is or was in a relationship of "in loco parentis." Additionally, when defining "family member" under OFLA (but not FMLA leave), the definition includes a grandparent, grandchild, parents-in-law or the parents of the employee's registered domestic partner.

Please check one:  Spouse<sup>3</sup>  Child  Parent  Individual who was in *loco parentis* when the employee was a child  Parent-in-law or the parent of the employee's registered domestic partner (OFLA leave only)  Custodial parent  Noncustodial parent  Adoptive parent  Stepparent  Foster parent  Grandparent (OFLA leave only)  Grandchild (OFLA leave only).

Please state name and address of relation:

Name \_\_\_\_\_ Address \_\_\_\_\_

Does the condition render the family member unable to perform daily activities? \_\_\_\_\_

4.  Sick child leave due to the closure of a child's school or child care provider.
5.  For a serious health condition which prevents me from performing my job functions. (District: Use GCBDA/ GDBDA-AR(3)(A) Certification Form)

Describe \_\_\_\_\_

Leave to start \_\_\_\_\_ Expected return date \_\_\_\_\_

Regarding 3 or 4 above, request intermittent (reduced workday hours) or reduced leave (fewer workdays each workweek) schedule or alternate duty (if applicable, subject to employer's approval). Please describe schedule of when you anticipate you will be unavailable to work: \_\_\_\_\_

6.  To care for a child with a condition requiring home care which does not meet the definition of serious health condition and is not life threatening or terminal (OFLA leave only).
7.  A qualifying exigency arising from an employee's spouse, son, daughter, or parent who is a covered servicemember as defined in GCBDA/GDBDA-AR(1), or leave for the spouse per each deployment of the spouse when the spouse has either been notified of an impending call to active duty, has been ordered to active duty, or has been deployed or on leave from deployment. (District: Use GCBDA/GDBDA-AR(3)(C) Certification Form)
8.  To care for a spouse, son, daughter, parent, or next of kin<sup>4</sup> who is a covered servicemember with a serious illness or injury incurred in the line of duty or active duty in the armed forces. Has leave been taken for the same servicemember and the same injury?  Yes  No (District: Use GCBDA/GDBDA-AR(3)(D) Certification Form) If yes, when was the leave taken and for how many work days? \_\_\_\_\_
9.  For the death of a family member (OFLA only).

I understand that the district requires me to use any available accrued sick leave, vacation, personal leave days or other available paid time established by Board policy(ies) and/or collective bargaining agreement) in the order specified by the district and before taking leave without pay during the leave period

If my request for a leave is approved, it is my understanding that without an authorized extension when the need for an extension could be anticipated, I must report to duty on the first workday following the date my leave is scheduled to end. I understand that failure to do so will constitute unequivocal notice of my intent not to return to work and the district may terminate my employment. (A fitness-for-duty certification may be required.)

<sup>3</sup> "Spouse" means individuals in a marriage including "common law" marriage and same-sex marriage. For OFLA, spouse also includes same-sex individuals with a Certificate of Registered Domestic Partnership.

<sup>4</sup> "Next of kin" means the nearest blood relative of the eligible employee.

I authorize the district to deduct from my paychecks any employee contributions for health insurance premiums, life insurance or long-term disability insurance which remain unpaid after my leave, consistent with state and/or federal law.

I have been provided a copy of the district's family and medical leave policy and a copy of my rights and responsibilities under the Family Medical Leave Act leave request form.

Signature of Employee: \_\_\_\_\_

Date: \_\_\_\_\_

DELETED

# Fern Ridge School District 28J

Code: GCBDA/GDBDA-AR(3)(A)  
Revised/Reviewed: 4/19/21  
Orig. Code: GCBDA/GDBDA-AR(3)(A)

## Certification of Health Care Provider Employee's Serious Health Condition

### To be Completed by the District:

The Family Medical Leave Act (FMLA) provides that a district may require an employee seeking FMLA leave protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Employees may not be asked to provide more information than allowed under the FMLA regulations. The district will maintain records and documents relating to medical certification, recertifications or medical histories of employee's family members, created for FMLA purposes, as confidential medical records in separate files from personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. § 1635.9, if the Genetic Information Discrimination Act applies.

District contact person: \_\_\_\_\_

Employee's job title: \_\_\_\_\_ Regular work schedule: \_\_\_\_\_

Employee's essential job functions: \_\_\_\_\_

Check if job description is attached:

Return this completed form on \_\_\_\_\_ (date) (must be at least 15 days after employee is notified of this requirement).

### To be Completed by the Employee:

Complete the information below before giving this form to your family member or his/her medical provider. The return of this form is required to obtain or retain the benefit for FMLA protections. Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request.

Employee's name: \_\_\_\_\_  
First Middle Last

### To be Completed by Health Care Provider:

Your patient has requested leave under the FMLA. Answer fully and completely, all applicable parts below. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be the best estimate based upon your medical knowledge, experience and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown" or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), genetic services, as defined in 29 C.F.R. § 1635.3(e) or the manifestation of disease or disorder in the employee's family members, as defined in 29 C.F.R. 1635.3(b). Extra space is provided, should you need it. Please be sure to sign the form on the last page.

Provider's name and business address: \_\_\_\_\_

Type of practice/medical specialty: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Medical Facts**

1. The approximate date the condition commenced: \_\_\_\_\_

The probable duration of the condition: \_\_\_\_\_

Was the patient admitted for an overnight stay in a hospital, hospice or residential medical care facility?

Yes  No If yes, dates of admission: \_\_\_\_\_

List the date(s) you treated the patient for the condition: \_\_\_\_\_

Was medication, other than over-the-counter medication, prescribed?  Yes  No

Will the patient need to have treatment visits at least twice per year due to the condition?  Yes  No

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g. physical therapist)?

Yes  No

If yes, state the nature of such treatments and expected duration of treatment:

\_\_\_\_\_  
\_\_\_\_\_

2. Is the medical condition pregnancy?  Yes  No

If yes, expected delivery date: \_\_\_\_\_

3. Use the information provided by the district in the "To be Completed by the District" section to answer this question. If the district fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition?  Yes  No

If yes, identify the job functions the employee is unable to perform:

\_\_\_\_\_  
\_\_\_\_\_

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis or any regimen of continuing treatment such as the use of specialized equipment):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Amount of Leave Needed**

- 1. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery?  Yes  No

If yes, estimate the beginning and ending dates for the period of incapacity: \_\_\_\_\_

\_\_\_\_\_

- 2. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee’s medical condition?  Yes  No

If yes, are the treatments or the reduced number of hours of work medically necessary?  Yes  No

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

\_\_\_\_\_

Estimate the part-time or reduced work schedule the employee needs, if any:

\_\_\_\_\_ hour(s) per day; \_\_\_\_\_ days per week from \_\_\_\_\_ through \_\_\_\_\_

- 3. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions?  Yes  No

Is it medically necessary for the employee to be absent from work during the flare-ups?  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Based upon the employee’s medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the employee may have over the next six months (e.g. one episode every three months lasting one to two days):

Frequency: \_\_\_\_\_ times per \_\_\_\_\_ week(s) \_\_\_\_\_ month(s)

Duration: \_\_\_\_\_ hours or \_\_\_\_\_ day(s) per episode

**Additional Information (Identify the question number with your additional answer):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of health care provider

\_\_\_\_\_  
Date

# Fern Ridge School District 28J

Code: GCBDA/GDBDA-AR(3)(B)  
Revised/Reviewed: 4/19/21  
Orig. Code: GCBDA/GDBDA-AR(3)(B)

## Certification of Health Care Provider

Family Member's Serious Health Condition

### To be Completed by the District:

The Family Medical Leave Act (FMLA) provides that a district may require an employee seeking FMLA leave protections because of a need for leave to care for a covered family member with a serious health condition to submit a medical certification issued by the health care provider of the covered family member. Employees may not be asked to provide more information than allowed under the FMLA regulations. The district will maintain records and documents relating to medical certification, recertifications or medical histories of the employee's family members, created for FMLA purposes, as confidential medical records in separate files from personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. § 1635.9, if the Genetic Information Nondiscrimination Act applies.

District contact person: \_\_\_\_\_

Employee's job title: \_\_\_\_\_ Regular work schedule: \_\_\_\_\_

Employee's essential job functions: \_\_\_\_\_

Check if job description is attached:

Return this completed form on \_\_\_\_\_ (date) (must be at least 15 days after employee is notified of this requirement).

### To be Completed by the Employee:

Complete the information below before giving this form to your family member or his/her medical provider. The return of this form is required to obtain or retain the benefit for FMLA protections. Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request.

Employee's name: \_\_\_\_\_  
First Middle Last

Relationship and name of family member for whom employee will provide care: \_\_\_\_\_  
Relationship

\_\_\_\_\_ First Middle Last

If the family member is your child, please provide his/her date of birth: \_\_\_\_\_

Describe the care you will provide to your family member and estimate the leave needed to provide such care:

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Employee signature \_\_\_\_\_

Date \_\_\_\_\_

**To be Completed by Health Care Provider:**

The employee listed above has requested leave under the FMLA to care for your patient. Answer fully and completely, all applicable parts below. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be the best estimate based upon your medical knowledge, experience and examination of the patient. Be as specific as you can; terms such as “lifetime,” “unknown,” or “indeterminate” may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the patient needs leave. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), C.F.R. § 1635.3(b). Extra space is provided, should you need it. Please be sure to sign the form on the last page.

Provider’s name and business address: \_\_\_\_\_

Type of practice/medical specialty: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

**Medical Facts**

1. The approximate date the condition commenced: \_\_\_\_\_

The probable duration of the condition: \_\_\_\_\_

Was the patient admitted for an overnight stay in a hospital, hospice or residential medical care facility?

Yes  No If yes, dates of admission: \_\_\_\_\_

List the date(s) you treated the patient for their condition: \_\_\_\_\_

Was medication, other than over-the-counter medication, prescribed?  Yes  No

Will the patient need to have treatment visits at least twice per year due to the condition?  Yes  No

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g. physical therapist)?

Yes  No

If yes, state the nature of such treatments and expected duration of treatment:

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2. Is the medical condition pregnancy?  Yes  No

If yes, expected delivery date: \_\_\_\_\_

3. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis or any regimen of continuing treatment such as the use of specialized equipment):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Amount of Leave Needed

When answering these questions, keep in mind that your patient's need for care from the employee seeking leave may include assistance with basic medical, hygienic, nutritional, safety or transportation needs, or the provision of physical or psychological care:

1. Will the patient be incapacitated for a single continuous period of time, including any time for treatment and recovery?  Yes  No

If yes, estimate the beginning and ending dates for the period of incapacity: \_\_\_\_\_

\_\_\_\_\_

During this time, will the patient need care?  Yes  No

Explain the care needed by the patient and why such care is medically necessary:

2. Will the patient require follow-up treatments, including any time for recovery?  Yes  No

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period: \_\_\_\_\_

\_\_\_\_\_

Explain the care needed by the patient, and why such care is medically necessary: \_\_\_\_\_

\_\_\_\_\_

3. Will the patient require care on an intermittent or reduced schedule basis, including any time for recovery?  
 Yes  No

Estimate the hours the patient needs care on an intermittent basis, if any:

\_\_\_\_\_ hour(s) per day; \_\_\_\_\_ days per week from \_\_\_\_\_ through \_\_\_\_\_

Explain the care needed by the patient, and why such care is medically necessary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Will the condition cause episodic flare-ups periodically preventing the patient from participating in normal daily activities?  Yes  No

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next six months (e.g. one episode every three months lasting one to two days):

Frequency: \_\_\_\_\_ times per \_\_\_\_\_ week(s) \_\_\_\_\_ month(s)

Duration: \_\_\_\_\_ hours or \_\_\_\_\_ day(s) per episode

Does the patient need care during these flare-ups?  Yes  No

Explain the care needed by the patient, and why such care is medically necessary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Information (Identify the question number with your additional answer):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of health care provider

\_\_\_\_\_  
Date

# Fern Ridge School District 28J

Code: GCBDA/GDBDA-AR(3)(C)  
Revised/Reviewed: 4/19/21  
Orig. Code: GCBDA/GDBDA-AR(3)(C)

## Military Family Leave

Certification of Qualifying Exigency for Military Family Leave

### Section 1: (To be completed by the district)

The Family Medical Leave Act (FMLA) and the Oregon Military Family Leave Act (OMFLA) provide that a district may require an employee seeking FMLA or OMFLA leave due to a qualifying exigency or due to notification of impending call to active duty or deployment to submit a certification. Employees may not be asked to provide more information than allowed under the FMLA or OMFLA regulations.

District Name and Address: \_\_\_\_\_

Superintendent or designee information: \_\_\_\_\_

### Section 2: (To be completed by the employee)

Complete the information below fully and completely. The FMLA or OMFLA permits the district to require that you submit a timely, complete and sufficient certification to support a request for FMLA or OMFLA leave due to a qualifying exigency or due to notification of impending call to active duty or deployment. Several questions in this section seek a response as to the frequency or duration of the qualifying exigency. Be as specific as you can; terms such as "lifetime," "unknown" or "indeterminate" may not be sufficient to determine FMLA or OMFLA coverage. Your response is required to obtain a benefit. While you are not required to provide this information, failure to do so may result in a denial of your request for qualifying leave. The district must give you at least 15 calendar days to return this form to the district.

Employee's name: \_\_\_\_\_  
First Middle Last

Name of covered military member on active duty or call to active duty status in support of a contingency operation:  
\_\_\_\_\_  
First Middle Last

Relationship of covered military member to you: \_\_\_\_\_

Period of covered military member's active duty: \_\_\_\_\_

A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a covered military member's active duty or call to active duty status in support of a contingency operation. Please check one of the following and attach the indicated document to support that the military member is on covered active duty or called to covered active duty status:

- A copy of the covered military member's active duty orders is attached.
- Other documentation from the military certifying that the covered military member is on active duty (or has been notified of an impending call to active duty).
- I have previously provided the district with sufficient written documentation confirming the covered military member's active duty or call to active duty status.

**Part A: Qualifying Reason for Leave**

1. Describe the reason you are requesting qualifying leave due to a qualifying exigency (include the specific reason you are requesting leave):

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2. Describe the reason you are requesting OMFLA leave (include the specific reason below, either a) an impending call or order to active duty, or b) impending leave from deployment):

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3. A complete and sufficient certification to support a request for qualifying leave due to a qualifying exigency includes any available written documentation which supports the need for leave; such documentation may include a copy of a meeting announcement for information briefings sponsored by the military a document confirming the military member's Rest and Recuperation Leave; a document confirming an appointment with a third party, such as a counselor, school official or staff at a care facility; or a copy of a bill for services for the handling of legal or financial affairs. Is available written documentation supporting this request for leave attached?  Yes  No  None available

**Part B: Amount of Leave Needed**

1. The approximate date the qualifying exigency or deployment commenced or will commence is:

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The probable duration of such exigency or deployment is: 

---

2. Will you need to be absent from work for a single continuous period of time due to the qualifying exigency or deployment?  Yes  No

If yes, estimate the beginning and ending dates for the period of absence: 

---

3. Will you need to be absent from work periodically to address this qualifying exigency or deployment?  
 Yes  No

If yes, estimate the schedule of leave, including the dates of any scheduled meetings or appointments:

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4. Estimate the frequency and duration of each appointment, meeting or leave event, including any travel time (i.e. one deployment-related meeting every month lasting four hours) (FMLA only):

Frequency: 

---

 times per 

---

 week(s) 

---

 month(s)

Duration: 

---

 hours or 

---

 day(s) per event

**Part C: Third Party Certification**

If leave is requested to meet with a third party (such as to arrange for childcare, to attend counseling, to attend meetings with school or childcare providers, to make financial or legal arrangements, to act as the covered military member’s representative before a federal, state or local agency for purposes of obtaining, arranging or appealing military service benefits, or to attend any event sponsored by the military or military service organizations), a complete and sufficient certification includes the name, address and appropriate contact information of the individual or entity with whom you are meeting (i.e. either the telephone or fax number or email address of the individual or entity). This information may be used by the district to verify that the information contained on this form is accurate (FMLA only).

Name of individual: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Describe the nature of the meeting: \_\_\_\_\_

**Part D: Employee Signature**

I certify that the information I provided above is true and correct. (For OMFLA leave purposes, notice must be given by the employee within five business days of receiving an official notice.)

\_\_\_\_\_  
Signature of employee

\_\_\_\_\_  
Date

# Fern Ridge School District 28J

Code: GCBDA/GDBDA-AR(3)(D)  
Revised/Reviewed: 4/19/21  
Orig. Code: GCBDA/GDBDA-AR(3)(D)

## Military Family Leave

Certification for Serious Injury or Illness of Covered Servicemember for Military Family Leave

### Notice and instructions to the district:

The Family Medical Leave Act (FMLA) provides that a district may require an employee seeking FMLA leave due to a serious injury or illness of a covered servicemember to submit a certification providing sufficient facts to support the request for leave. Employees may not be asked to provide more information than allowed under the FMLA regulations 29 C.F.R. § 825.310. The district will maintain records and documents relating to medical certification, recertifications or medical histories of employees or employees' family member, created for FMLA purposes, as confidential medical records in separate files from personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

### Section 1

#### Part A: Employee Information

Complete the employee and covered servicemember information below before giving this form to your family member or his/her medical provider.

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District Name and Address

Name of employee requesting leave to care for covered servicemember:

---

First

Middle

Last

Name of covered servicemember for whom employee is requesting leave to care for:

---

First

Middle

Last

Relationship of employee to covered servicemember requesting leave to care for:

Spouse    Parent    Child    Next of kin

#### Part B: Covered Servicemember Information

1. Is the covered servicemember a current member of the regular Armed Forces, the National Guard or Reserves, or a veteran?    Yes    No

If a current servicemember, please provide the covered servicemember's military branch, rank and unit currently assigned to:

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If a qualifying veteran, when was the date of discharge? \_\_\_\_\_  
Is the covered servicemember assigned to a military medical treatment facility as an outpatient or to a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients (such as medical hold or warrior transition unit)?  Yes  No

If yes, provide the name of the medical facility or unit:

\_\_\_\_\_

2. Is the covered servicemember on the Temporary Disability Retired List (TDRL)?  Yes  No

**Part C: Care to be Provided to the Covered Servicemember**

Describe the care to be provided to the covered servicemember and an estimate of the leave needed to provide the care:

\_\_\_\_\_  
\_\_\_\_\_

**Section 2:**

(For completion by a United States Department of Defense (DOD) Health Care Provider or a Health Care Provider who is either: (1) a United States Department of Veterans Affairs (VA) health care provider; (2) a DOD TRICARE network authorized private health care provider; (3) a DOD non-network TRICARE authorized private health care provider; or (4) a health care provider as defined in 29 C.F.R. § 825.125.)

If you are unable to make certain of the military-related determinations contained below in Part B, you are permitted to rely upon determinations from an authorized DOD representative (such as a DOD recovery care coordinator). Please ensure that Section 1 above has been completed before completing this section. Please be sure to sign the form on the last page.

**Part A: Health Care Provider Information**

Health care provider's name and business address:

\_\_\_\_\_  
\_\_\_\_\_

Type of practice/medical specialty: \_\_\_\_\_

Please state whether you are either: (1) a DOD health care provider; (2) a VA health care provider; (3) a DOD TRICARE network authorized private health care provider; (4) a DOD non-network TRICARE authorized private care provider; or (5) a health care provider as defined in 29 C.F.R. § 825.125.

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**Part B: Medical Status**

1. Covered servicemember's medical condition is classified as (check one of the appropriate boxes):
- (VSI) Very Seriously Ill/Injured – Illness/Injury is of such a severity that life is imminently endangered. Family members are requested at the bedside immediately. (Please note this is an internal DOD casualty assistance designation used by DOD health care providers.)

- (SI) Seriously Ill/Injured – Illness/Injury is of such severity that there is cause for immediate concern, but there is no imminent danger to life. Family members are requested at bedside. (Please note this is an internal DOD casualty assistance designation used by DOD health care providers.)
- Other Ill/Injured – A serious injury or illness that may render the servicemember medically unfit to perform the duties of the member’s office, grade, rank or rating.
- None of the above. (Note to employee: If this box is checked, you may still be eligible to take leave to care for a covered family member with a “serious health condition”. If such leave is requested, you may be required to complete the form *Certification of Health Care Provider for Family Member’s Serious Health Condition*.)

2. Was the condition for which the covered servicemember is being treated incurred in the line of duty on active duty in the Armed Forces?  Yes  No

If no, did the condition exist before the beginning of active duty and aggravated by service in the line of duty while on active duty?  Yes  No

3. Appropriate date condition commenced: \_\_\_\_\_

4. Probable duration of condition and/or need for care: \_\_\_\_\_

5. Is the covered servicemember undergoing medical treatment, recuperation or therapy?  Yes  No  
If yes, please describe medical treatment, recuperation or therapy:

\_\_\_\_\_  
\_\_\_\_\_

**Part C: Covered Servicemember’s Need for Care by Family Member**

1. Will the covered servicemember need care for a single continuous period of time, including any time for treatment and recovery?  Yes  No

If yes, estimate the beginning and ending dates for this period of time: \_\_\_\_\_

2. Will the covered servicemember require periodic follow-up treatment appointments?  Yes  No

If yes, estimate the treatment schedule: \_\_\_\_\_

3. Is there a medical necessity for the servicemember to have periodic care for these follow-up treatment appointment?  
 Yes  No

4. Is there a medical necessity for the covered servicemember to have periodic care for other than scheduled follow-up treatment appointments (e.g. episodic flare-ups of medical conditions)?  Yes  No

If yes, estimate the frequency and duration of the periodic care.

\_\_\_\_\_

\_\_\_\_\_  
Signature of health care provider

\_\_\_\_\_  
Date

# Fern Ridge School District 28J

Code: GCBDA/GDBDA-AR(4)  
Revised/Reviewed: 4/19/21  
Orig. Code: GCBDA/GDBDA-AR(4)

## FMLA/OFLA Eligibility Notice to Employee

DATE: \_\_\_\_\_

TO: \_\_\_\_\_  
(Employee's name)

FROM: \_\_\_\_\_  
(Name of appropriate employer representative)

SUBJECT: Request for FMLA and/or OFLA Leave

On \_\_\_\_\_ (date) you notified us of your need to take family/medical leave due to:

1. \_\_\_\_\_ The birth of your child or the placement of a child with you for adoption or foster care;
2. \_\_\_\_\_ A serious health condition that makes you unable to perform the essential functions of your job;
3. \_\_\_\_\_ A serious health condition of your  spouse<sup>1</sup>,  child (including the biological, grandchild, adopted or foster child or stepchild of an employee or a child with whom the employee is or was in a relationship of "in loco parentis"),  parent (biological parent of an employee or an individual who stood "in loco parentis" to an employee when the employee was a child),  grandparent (OFLA leave only),  parent-in-law or the parent of an employee's registered domestic partner (OFLA leave only),  custodial parent,  noncustodial parent,  adoptive parent,  foster parent for which you are needed to provide care;
4. \_\_\_\_\_ Sick child leave due to the closure of a child's school or child care provider;
5. \_\_\_\_\_ An illness or injury to your child which requires home care but is not a serious health condition (OFLA leave only);
6. \_\_\_\_\_ A qualifying exigency arising from a spouse, child or parent in the Armed Forces on covered active duty, or in the National Guard or Reserves on covered active duty;
7. \_\_\_\_\_ Your spouse has been notified of an impending call to active duty, has been ordered to active duty or has been deployed or on leave from deployment;
8. \_\_\_\_\_ A serious illness or injury, incurred in the line of duty, of a covered service member who is your spouse, child, parent or next of kin;
9. \_\_\_\_\_ For the death of a family member (OFLA only).

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<sup>1</sup> "Spouse" means individuals in a marriage, including "common law" marriage and same-sex marriage. For OFLA, spouse also includes same-sex individuals with a Certificate of Registered Domestic Partnership.

You notified us that you need this leave beginning on \_\_\_\_\_ (date) and that you expect leave to continue until on or about \_\_\_\_\_ (date). The FMLA requires that you notify the district as soon as possible if dates of scheduled leave changes or are extended, or were initially unknown.

Except as explained below, you have a right under the FMLA and/or OFLA for up to 12 workweeks of unpaid leave in a 12-month period for the reasons listed above.<sup>2</sup> The district will use a “rolling” 12-month period measured backward from the date the employee uses any family medical leave. FMLA leave and OFLA leave generally run concurrently. In order to care for an injured service member, you are entitled to up to 26 weeks of leave in a single 12-month period.

Also, your health benefits under FMLA and OFLA must be maintained during any period of unpaid leave under the same conditions as if you continued to work, including you continuing to pay the same portion of the premiums you currently pay. You will be reinstated to the same position, or in some cases under state or federal law, to an equivalent position.

If you do not return to work following FMLA and/or OFLA leave for a reason other than: (1) the continuation, recurrence or onset of a serious health condition which would entitle you to FMLA and/or OFLA; or (2) other circumstances beyond your control, you may be required to reimburse the district for health insurance premiums paid on your behalf during your FMLA and/or OFLA leave.

This is to inform you that (*check appropriate boxes, explain where indicated*):

1. You are  eligible  not eligible for leave under  FMLA  OFLA  both FMLA and OFLA.
2. The requested leave may be counted against your annual  FMLA leave entitlement  OFLA leave entitlement  FMLA and OFLA leave entitlements.
3. You  will  will not be required to furnish a medical certification of a serious health condition. If required, you must furnish the certification by \_\_\_\_\_ (date) (must be at least 15 days after you are notified of this requirement).
4. You may elect to substitute accrued paid leave for unpaid FMLA leave. We  will  will not require that you substitute accrued paid leave for unpaid FMLA and/or OFLA leave. If paid leave will be used, the following conditions will apply: (*Explain*)
5. a. If you normally pay a portion of the premiums for your health insurance, these payments will continue during the period of FMLA and/or OFLA leave. Arrangements for payment have been discussed with you and it is agreed that you will make premium payments as follows: (*Set forth dates, e.g., the 10th of each month or pay periods, etc., that specifically cover the agreement with the employee.*)
5. b. You have a minimum  30-day  Other: \_\_\_\_\_ (*indicate longer period, if applicable*) grace period in which to make premium payments. If payment is not timely made, your group health insurance may be canceled. We will notify you in writing at least 15 days before the date that your health coverage will lapse. At our option, we may also pay your share of the premiums during your FMLA and/or OFLA leave as provided by Board policy and/or collective bargaining agreement, and recover these payments from you upon your return to work. We  will  will not pay your share of health insurance premiums while you are on FMLA and/or OFLA leave.

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<sup>2</sup> Oregon Military Family Leave Act allows for 14 days of leave per deployment.

5. c. We  will  will not do the same with other benefits (e.g., life insurance, disability insurance, etc.) while you are on FMLA and/or OFLA leave. If we do pay your premiums for other benefits, when you return from leave you  will  will not be expected to reimburse us for the payments made on your behalf.
5. d. Except as noted above, in the event you do not return to work for the district after your FMLA and/or OFLA leave, and the district has paid your share of benefit premiums, you  will  will not be responsible for reimbursing the district the amount paid on your behalf with the exceptions noted in C.F.R. § 104 (c)(2)(B) of the FMLA.
6.  You will be required to present a fitness-for-duty certification prior to being restored to employment following leave for your own serious health condition. If such certification is required but not received, your return to work may be delayed until the certification is provided. A list of essential functions for your position is attached. The fitness-for-duty certification must address your ability to perform these functions.
- You will not be required to present a fitness-for-duty certification prior to being restored to employment following leave for your own serious health condition.
7. a. You  are  are not a “key employee” as described in C.F.R. § 825.218 of the FMLA regulations. If you are a “key employee,” reinstatement to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to the district. (FMLA leave only.)
7. b. We  have  have not determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us. (FMLA leave only.) (*Explain (a) and/or (b) below.*)
8. While on FMLA and/or OFLA leave you  will  will not be required to furnish us with periodic reports every \_\_\_\_\_ (*indicate interval of periodic reports, as appropriate for the particular leave situation*) of your status and intent to return to work. If the circumstances of your leave change and you are able to return to work earlier than the date indicated on this form, you  will  will not be required to notify us at least two workdays prior to the date you intend to report for work.
9. You  will  will not be required to furnish recertification relating to a serious health condition. (FMLA leave only.) (*Explain below, if necessary, including the interval between certifications as prescribed in C.F.R. § 825.308 of the FMLA regulations.*)
10. You are notified that all leave taken for the purposes of the death of a family member, counts toward the total period of authorized family leave.

# Fern Ridge School District 28J

Code: GCBDA/GDBDA-AR(5)  
Revised/Reviewed: 4/19/21  
Orig. Code: GCBDA/GDBDA-AR(5)

## Sample Designation Letter to Employee - FMLA/OFLA Leave

*The following is a sample cover letter to an employee notifying the employee that the employer is treating a request for leave as a request for FMLA and/or OFLA leave (either paid or unpaid) that will reduce the employee's FMLA and/or OFLA leave entitlement. This letter, along with the Designation Notice – FMLA/OFLA form GCBDA/GDBDA-AR(6) or the FMLA/OFLA Eligibility Notice form GCBDA/ GDBDA-AR(4), should be mailed to the employee within five working days after receiving enough information to determine whether the leave qualifies under FMLA or OFLA.*

Dear Employee:

On \_\_\_\_\_ (date) you advised the district that you were requesting a leave that may qualify for protected time under the Family and Medical Leave Act (FMLA) and/or the Oregon Family Leave Act (OFLA). Under our policy, a leave of absence that qualifies for family and medical leave under federal law (FMLA), may run concurrently with other types of leave such as sick leave, vacation leave, short-term disability leave, OFLA and leave for a workers' compensation injury or illness. A leave of absence that qualifies for family and medical leave under state law (OFLA) may run concurrently with other types of leave such as sick leave, vacation leave, short-term disability leave, but cannot run concurrently with a leave for a workers' compensation injury or illness (unless you refuse a light-duty assignment).

**IF APPROVED:** We have determined the purpose of your requested leave qualifies as family or medical leave under state and/or federal law. Accordingly, this letter is to notify you that the leave will be counted against your annual family and medical leave entitlement. Also attached is a form titled Designation Notice which contains other information for you regarding federal and state family medical leave rights, including an estimate of time that will count toward your protected time.

**IF NOT APPROVED:** We have determined the purpose of your requested leave does NOT qualify as family or medical leave under state and/or federal law. You may be entitled to other leave time, under Board policy or the collective bargaining agreement, however the protections of FMLA/OFLA will not be observed for this leave.

If you have any questions regarding your leave, now or at any time during your leave, please contact, the Business Office as soon as possible.

Sincerely,

Enclosure (FMLA and/or OFLA Designation Notice form)

# Fern Ridge School District 28J

Code: GCBDA/GDBDA-AR(6)  
Revised/Reviewed: 4/19/21  
Orig. Code: GCBDA/GDBDA-AR(6)

## Designation Notice – FMLA/OFLA

Leave covered under the Family and Medical Leave Act (FMLA) and/or Oregon Family Leave Act (OFLA) must be designated as FMLA and/or OFLA-protected, and the district must inform the employee of the amount of leave that will be counted against the employee’s FMLA and/or OFLA leave entitlement.

In order to determine whether leave is covered under the FMLA and/or OFLA, the district may request that the leave be supported by a physician’s certification. If the certification is incomplete or insufficient, the district will state in writing what additional information is necessary to make the certification complete and sufficient.

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

We have reviewed your request for leave under the FMLA and/or OFLA and any supporting documentation that you have provided. We received your most recent information on \_\_\_\_\_.

Please be advised:

- Your request is approved for FMLA. All leave taken for this reason will be designated as FMLA leave.
- Your request is approved for FMLA and OFLA. This designation of leave will run concurrently.
- Your request is approved for OFLA. All leave taken for this reason will be designated as OFLA leave.

The FMLA and/or OFLA requires that you notify us as soon as practicable if dates of scheduled leave change or are extended, or were initially unknown. Based on the information you have provided to date, we are providing the following information about the amount of time that will be counted against your entitlement:

- Provided there is no deviation from your anticipated leave schedule, the following number of hours, days or weeks will be counted against your leave entitlement:  
\_\_\_\_\_

- Because the leave you requested will be rescheduled, it is not possible to provide the hours, days or weeks that will be counted against your FMLA and/or OFLA entitlement at this time. You have the right to request this information once in a 30-day period (if leave was taken in the 30-day period).

Please be advised (check if applicable):

- You have requested to use paid leave during your FMLA and/or OFLA leave. Any paid leave taken for this reason will count against your FMLA and/or OFLA leave entitlement.
- We are requiring you to substitute or use paid leave during your FMLA and/or OFLA leave.

- You will be required to present a fitness-for-duty certification to be reinstated to your position. If such certification is not timely received, your return to work may be delayed until certification is provided. The Fitness-for-Duty Certification form is attached, please have your medical provider complete this form prior to the termination of your leave. A list of the essential functions of your position  is  is not attached. If attached, the fitness-for-duty certification must address your ability to perform these functions:  

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- Additional information is needed to determine if your FMLA and/or OFLA leave request can be approved.  

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- The certification you have provided is incomplete and insufficient to determine whether the FMLA and/or OFLA applies to your leave procedures. You must provide the following information no later than \_\_\_\_\_ (date) (at least 15 calendar days), unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied. The information needed to make the certification complete and sufficient is<sup>1</sup>:  

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- We are exercising our right to have you obtain a second or third opinion medical certification at our expense, and we will provide further details at a later time.

\*\*\*\*\*

- Your FMLA leave request is NOT APPROVED.
- The FMLA does not apply to your leave request.
- You have exhausted your FMLA leave entitlement in the applicable 12-month period. (Note: Federal Military Family Leave is on a separate 12-month period.)
- Your OFLA leave request is NOT APPROVED.
- The OFLA does not apply to your leave request.
- You have exhausted your OFLA leave entitlement in the applicable 12-month period.

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<sup>1</sup> If you fail to provide a complete and sufficient certification by the due date, we may (a) delay the commencement of your leave; or (b) withdraw any designation of FMLA leave, in which case your leave of absence may be unauthorized and subject to discipline, up to and including termination.

# Fern Ridge School District 28J

Code: GCBDA/GDBDA-AR(7)  
Revised/Reviewed: 4/19/21  
Orig. Code: GCBDA/GDBDA-AR(7)

## Fitness-for-Duty Certification

To: \_\_\_\_\_ Date: \_\_\_\_\_

From: \_\_\_\_\_

Subject: Fitness-for-Duty Certification

Family and medical leave for your own serious health condition ends on (date) \_\_\_\_\_. Prior to returning to work you must provide a Fitness-for-Duty Certification verifying whether you are able to return to work, if you have any job-related restrictions and the duration of any restrictions. Please take this Fitness-for-Duty Certification to your health care provider for completion. The district will use this Fitness-for-Duty Certification to determine if you are able to return to work after your leave.

**Return the completed Fitness-for-Duty Certification to the district prior to the end of your Family and Medical Leave or by (date) \_\_\_\_\_.**

.....

### Fitness-for-Duty Certification

#### Health Care Provider Completes this Section

**Instructions:** Please complete all sections in order for the district to determine if the employee is able to return to duty. The employee's position description or a list of essential duties (district specifies which) is attached to this form.

1. The employee is able to return to work full-time without restrictions:  Yes  No

a. If yes, list the effective date: \_\_\_\_\_.

b. If no, complete the following:

(1) The employee will be able to return to work with no limitation on (date) \_\_\_\_\_.

(2) I certify that from (date) \_\_\_\_\_ to (date) \_\_\_\_\_ the above named employee will be:

(a) Unable to perform the physical requirements of their work; or

(b) Is medically incapacitated:  Totally  Partially\*\*

\*\*If partially medically incapacitated, complete the following:

(c) Number of hours per day employee is able to work: \_\_\_\_\_.

(d) Number of days per week employee is able to work: \_\_\_\_\_.

(3) List any restrictions on the employee's work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed name of health care provider

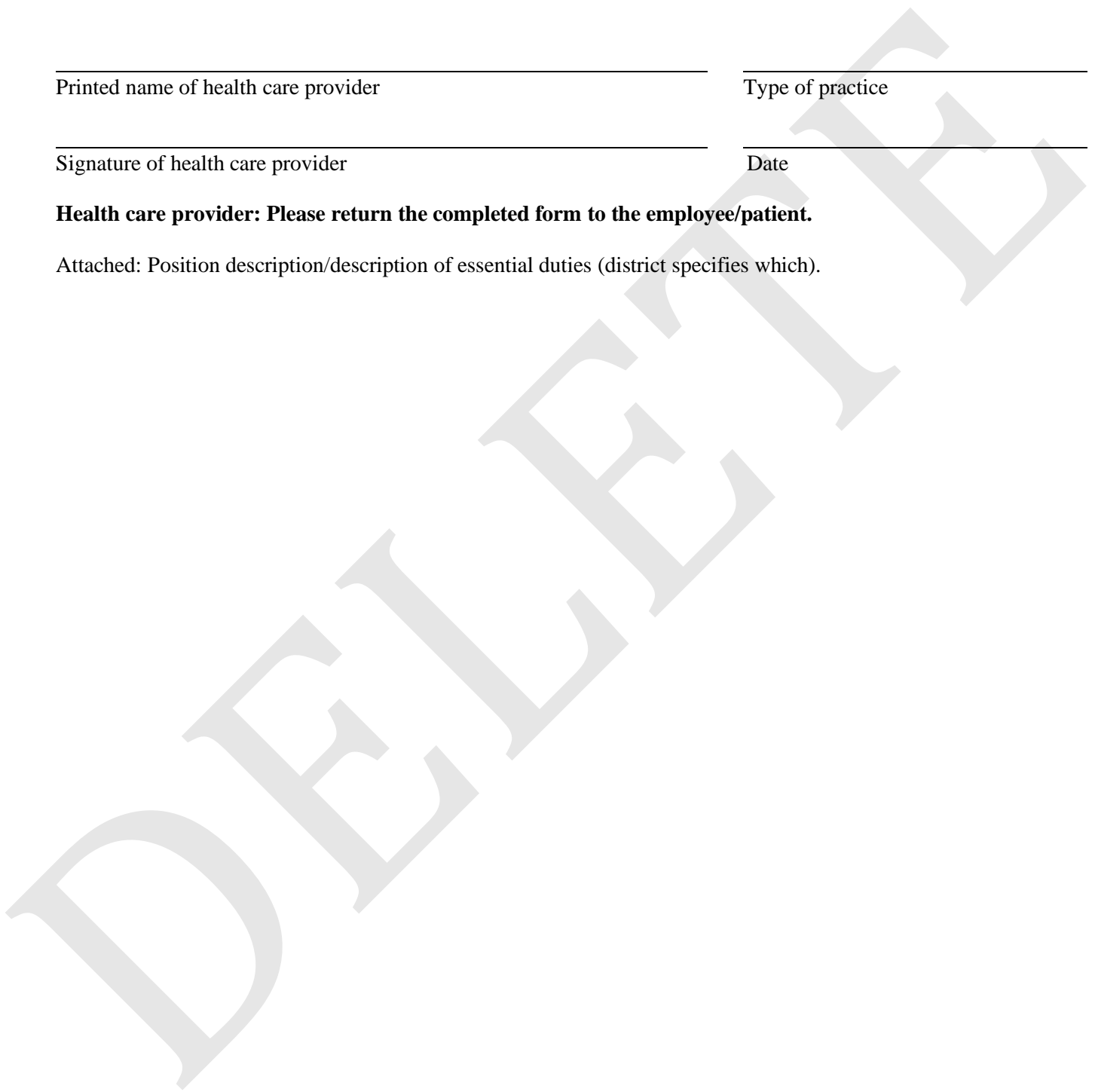
\_\_\_\_\_  
Type of practice

\_\_\_\_\_  
Signature of health care provider

\_\_\_\_\_  
Date

**Health care provider: Please return the completed form to the employee/patient.**

Attached: Position description/description of essential duties (district specifies which).



# OSBA Model Sample Policy

Code: GCBDD/GDBDD

Adopted:

## Sick Time \*

{The recommendation for highly recommended comes from the requirement for schools to implement a sick time policy (ORS 653.606) and provide notice to employees of sick time policies and procedures. Many districts bargain aspects of this leave; policy language should not conflict with language in collective bargaining agreements.}

“Employee” means an individual who renders personal services at a fixed rate to the district if the district either pays or agrees to pay for personal services or permits the individual to perform personal services. The definition does not include volunteers or independent contractors.

Employees qualify to begin earning and accruing sick time on the first day of employment with the district and are eligible to use sick time beginning on the 91st calendar day of employment with the district and may use sick time as it is accrued.

The district employs <sup>{1}</sup> 10 or more employees and therefore shall allow an eligible employee to access up to 40 hours of paid sick time per year. Paid sick time shall accrue at the rate of at least one hour of paid sick time for every 30 hours the employee works, or 1-1/3 hours for every 40 hours the employee works.

## OR

The employee may carry up to 40 hours of unused sick time from one year to the subsequent year. <sup>{2}</sup> An employee is limited to using no more than 40 hours of sick time in a year.

Sick time shall be taken in hourly increments and may be used for the employee’s or a family member’s<sup>3</sup> mental or physical illness, injury or health condition, need for medical diagnosis, care or treatment of a mental or physical illness, injury or health condition or need for preventive care, or for reasons consistent with qualifying Family Medical Leave (FMLA), Paid Family and Medical Leave Insurance (PFMLI) or Oregon Family Leave (OFLA). Sick time may also be used in the event of a public health emergency or for leave to address domestic violence, harassment, sexual assault, bias, or stalking under ORS 659A.272. When sick time is used to care for, or to deal with the death of, an individual related by blood or affinity whose close association with the district employee is the equivalent of a family relationship, the district requires an attestation form signed and submitted by the employee.

The use of sick time may not lead to, or result in, an adverse employment action against the employee.

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<sup>1</sup> {If the district is located in a city with a population exceeding 500,000, the threshold is whether the district employs at least six employees working anywhere in this state.}

<sup>2</sup> {If the district chooses to limit the accrual or usage, the district must choose language in the bracketed sentence and keep this sentence in policy. The application of these limits need not be applied to employers with less than 10 employees and who front-load at least 40 hours of unpaid sick time or unpaid time off at the beginning of each year used to calculate the accrual and usage of sick time or time off. (ORS 653.606 (1)(d))}

<sup>3</sup> “Family member” is defined in OAR 839-007-0000.

The district reserves the right, after three consecutive ~~scheduled workdays~~ absences, to require verification or certification in accordance with law of the need for the sick time, including a medical verification or certification<sup>4</sup> paid for by the district. If an employee fails to provide verification or certification or fails to provide other evidence as required by the district, the employee shall be subject to appropriate disciplinary action, up to and including dismissal.

When the reason for sick time is consistent with FMLA, PFMLI or OFLA leave, sick time leave and qualifying FMLA, PFMLI or OFLA leave may run concurrently.

When the reason for sick time is consistent with ORS 332.507, sick time leave and leave pursuant to ORS 332.507 may run concurrently.

If the reason for sick time is a foreseeable absence, the district requires an employee to provide advance notice of the intention to use sick time <sup>{<sup>5</sup>}</sup> within 10 days ~~prior to when~~ of when the requested sick time is to begin or as soon as otherwise practicable. When an employee uses sick time for a foreseeable absence, the employee shall take reasonable effort to schedule the sick time in a manner that does not unduly disrupt the operations of the district (e.g., grading deadlines, inservice training, mandatory meetings). The district may discipline an employee if the employee fails to make a reasonable effort to schedule leave in a manner that does not unduly disrupt the operations of the district.

If the reason for sick time is unforeseeable, such as an emergency, accident or sudden illness, the employee shall notify the district at least 24 hours in advance as soon as practicable.

The district may discipline an employee for violating workplace policies and procedures if the employee fails to provide notice as required.

The district shall establish a standard process to track the eligibility for sick time of a substitute.

END OF POLICY

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**Legal Reference(s):**

[ORS 332.507](#)  
[ORS 342.545](#)

[ORS 342.610](#)  
[ORS 653.601 - 653.661](#)

[ORS 659A.150 - 659A.186](#)  
[OAR 839-007-0020 - 0065](#)

Americans with Disabilities Act/Americans with Disabilities Act Amendments Act, 42 U.S.C. §§ 12101-12213 (2018); 29 C.F.R. Part 1630 (2023); 28 C.F.R. Part 35 (2023).

Family and Medical Leave Act, 29 U.S.C. §§ 2601-2654 (2018); Family and Medical Leave Act, 29 C.F.R. Part 825 (2023).

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<sup>4</sup> In the case of need for leave under ORS 659A.272, the district may not require the verification or certification to explain the nature of the illness or details related to the domestic violence, sexual assault, harassment, bias, or stalking, which necessitates the use of sick time.

<sup>5</sup> {ORS 653.621(3): "...not to exceed 10 days"}

# OSBA Model Sample Policy

Code: JECB-AR(3)  
Revised/Reviewed:

## Request for Nonresident Student Admission – Interdistrict Transfer

**For Office Use Only**

School Year \_\_\_\_\_ Student ID# \_\_\_\_\_

Transfer Requested for School Year \_\_\_\_\_

.....  
**Student Information**

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Legal Middle Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ (MM/DD/YY) Current Student Grade Level \_\_\_\_\_

Primary Phone of Parent/Guardian \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Parent/Guardian Name (person in parental relationship) \_\_\_\_\_

Is the student currently under expulsion?  Yes  No

If yes, what was the reason? \_\_\_\_\_

.....  
The superintendent, may immediately revoke permission to attend the Host School for a student who does not maintain regular school attendance of at least 96 percent or better or for a student who does not honor the Student Code of Conduct.

Is there a sibling of this applicant currently attending in this district?  Yes  No

If yes, name of sibling and school attending: \_\_\_\_\_

Does the student have a transfer for the current school year?  Yes  No

Is, or was the student a resident of this district in the current school year?  Yes<sup>1</sup>  No

If yes, please provide move/moving date \_\_\_\_\_

Preferred school placement \_\_\_\_\_

**Students receiving consent for admission may remain in the district until graduation.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

.....  
**For Office Use Only**

Final Action of Nonresident District:  Approved  Denied  Lottery Number \_\_\_\_\_

Reason for denial: \_\_\_\_\_

.....  
<sup>1</sup> If applicant chooses “yes,” the district must give consent for admission pursuant to ORS 339.127(10).

Signature/Designee \_\_\_\_\_ Date \_\_\_\_\_

Resident District: \_\_\_\_\_  
 Approved  Denied  
Reason for denial: \_\_\_\_\_  
Superintendent/Designee: \_\_\_\_\_  
Date: \_\_\_\_\_

Receiving District: **Fern Ridge School District 28J**  
 Approved  Denied  
Reason for denial: \_\_\_\_\_  
Superintendent/Designee: \_\_\_\_\_  
Date: \_\_\_\_\_  
Parent/Guardian Notified-Date: \_\_\_\_\_

*The Fern Ridge School District is an equal opportunity educator and employer.*

# OSBA Model Sample Administrative Regulation

Code: JHCD-AR  
Adopted:

## Medications\*\*/\*

{Required administrative regulation. The requirement comes from ORS 339.866 (2).}

Students may, subject to the provisions of this administrative regulation, have prescription or nonprescription medication administered by designated district personnel, or may be permitted to administer prescription or nonprescription medication to themselves.

### 1. Definitions<sup>1</sup>

- a. “Administer” means the direct application of a drug or device whether by injection, inhalation, ingestion, or any other means, to the body of a patient or research subject by: (1) a practitioner or the practitioner’s authorized agent; or (2) the patient or research subject at the direction of the practitioner. (ORS 689.005)
- b. “Adrenal crisis” means a sudden, severe worsening of symptoms associated with adrenal insufficiency, such as severe pain in the lower back, abdomen or legs, vomiting, diarrhea, dehydration, low blood pressure or loss of consciousness. (ORS 433.800)
- c. “Adrenal insufficiency” means a hormonal disorder that occurs when the adrenal glands do not produce enough adrenal hormones. (ORS 433.800)
- d. “Asthma” means a chronic inflammatory disorder of the airways that requires ongoing medical intervention. (ORS 339.866)
- e. “Delegation” means a formal delegation of a nursing procedure by a registered nurse to district personnel in accordance with the Oregon Nurse Practice Act. (OAR Chapter 851)
- f. “Designated personnel” means the school personnel designated and trained to administer medication pursuant to district policy and procedure.
- g. “Medication” means medication that is not injected; premeasured doses of epinephrine that are injected; medication that is available for treating adrenal insufficiency; and Naloxone or any similar medication that is in any form available for safe administration and that is designed to rapidly reverse an overdose of an opioid drug. “Medication” also means any prescription for bronchodilators or autoinjectable epinephrine prescribed by a student’s Oregon licensed health care professional for asthma or severe allergies. “Medication” does not include nonprescription sunscreen. (ORS 339.866; ORS 339.867)
- h. “Nonprescription medication” means nonprescription drugs as defined in ORS 689.005, which means drugs that may be sold without prescription and that are prepackaged for use by the consumer and labeled in accordance with the requirements of the statutes and regulations of this state and the federal government. (OAR 581-021-0037)
- i. “Notice of a diagnosis of adrenal insufficiency” means written notice to the district from the parent or guardian of a student who has been diagnosed as adrenal insufficient with a copy of an order from the student’s primary care provider that includes the student’s diagnosis, description of symptoms indicating the student is in crisis, prescription for medication to treat

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<sup>1</sup> There are several laws that apply to medications in schools. Some of these laws have unique definitions that may apply in specific situations. If the applicable law uses a definition that varies from the definition here, use the definition in the law.

adrenal insufficiency crisis, and instructions for follow-up care after medication to treat adrenal insufficiency crisis has been administered. (OAR 581-021-0037)

- j. “Opioid overdose” means a medical condition that causes depressed consciousness, depressed respiratory function or the impairment of vital bodily functions as a result of ingesting opioids. (ORS 689.800)
- k. “Prescriber<sup>2</sup>” means a “practitioner” as defined in ORS 689.005, which means a person licensed and operating within the scope of such license to prescribe, dispense, conduct research with respect to or administer drugs in the course of professional practice or research: (a) in this state; or (b) in another state or territory of the U.S. if the person does not reside in Oregon and is registered under the federal Controlled Substances Act. (OAR 581-021-0037)
- l. “Prescription medication” means a “prescription drug” as defined in ORS 689.005, which means a drug that is: required by federal law, prior to being dispensed or delivered, to be labeled with “Caution: Federal law prohibited dispensing without prescription” or “Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian”; or required by any applicable federal or state law or regulation to be dispensed on prescription only or is restricted to use by practitioners only.
- m. “Severe allergy” means a life-threatening hypersensitivity to a specific substance such as food, pollen, or dust. (ORS 339.866)
- n. “Short-acting opioid antagonist” means any short-acting drug approved by the U.S. Food and Drug Administration for the complete or partial reversal of an opioid overdose. (ORS 689.800)

## 2. Designated Staff/Training

- a. Medications, including injectable medications, may be administered by trained personnel as part of a formal delegation by a registered nurse.
- b. The principal, in consultation with the school nurse, will designate district personnel authorized to administer prescription or nonprescription medication to a student which takes into account when the student is in school, at a district-sponsored activity, under the supervision of district personnel, or in transit to or from school-or district-sponsored activities, and may include when a student is in a before-school or after-school care program on school-owned property when required by law. The principal will supervise and ensure building and activity practices and procedures are consistent with the requirements of law, rules, policy and this administrative regulation.
- c. The district will provide staff who are designated personnel to administer prescription or nonprescription medication access to a school nurse.
- d. The principal will ensure the annual training required by Oregon law is provided to designated district personnel. Training must be conducted by a qualified trainer, which is a person who is familiar with the delivery of health services in a school setting and who is either a registered nurse licensed by the Oregon State Board of Nursing or a prescriber. District personnel designated to administer epinephrine, glucagon, and medication to treat adrenal insufficiency shall be trained using related training developed by the Oregon Health Authority (OHA). The first training and every third training thereafter shall be provided in-person<sup>3</sup>. During

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<sup>2</sup> A registered nurse who is employed by a district or local public health authority to provide nursing services at a district may accept an order from a physician licensed to practice medicine or osteopathy in another state or territory of the U.S. if the order is related to the care or treatment of a student who has been enrolled at the district for not more than 90 days.

<sup>3</sup> An online training may qualify as “in-person” when these measures are met: content is provided via synchronous, interactive online sessions with a trainer and learners visible on screen; trainers must be licensed and work within their scope of practice;

- subsequent years, designated district personnel may complete an online training so long as a trainer is available following the training to answer questions and provide clarification.
- e. The training for district personnel will provide an overview of applicable provisions of Oregon law, administrative rules, district policy and administrative regulations and include, but not be limited to, discussion of the following: safe storage, administration, handling and disposing of medications; accessibility of medication during an emergency; record keeping; whether response to medication should be monitored by designated personnel and the role of designated personnel in such monitoring; emergency medical response procedures following administration of the medication; confidentiality of health information; and assessment of gained knowledge. Training as recommended and/or approved by ODE will be used.
  - f. The district shall maintain documentation of district personnel's completion of training in accordance with OAR 166-400-0010.

### 3. Administering Premeasured Doses of Epinephrine to a Student or Other Individual

A premeasured dose of epinephrine may be administered by trained district personnel to any student or other individual on district premises who the person believes in good faith is experiencing a severe allergic response, regardless of whether the student or individual has a prescription for epinephrine.

### 4. Administering Short-Acting Opioid Antagonists

{<sup>4</sup>} A short-acting opioid antagonist may be administered by any district personnel<sup>5</sup> to any student or other individual, on school premises who the individual administering the short-acting opioid antagonist believes in good faith is experiencing an overdose of an opioid drug.

The principal shall immediately notify the parent or guardian of a minor student enrolled in a school within the district when a short-acting opioid antagonist is administered to the student while at school, on school property under the jurisdiction of the district or at any activity under the jurisdiction of the district.

The district shall provide to the parent or legal guardian of each minor student enrolled in a school in the district information regarding short-acting opioid antagonists. The information will include at least:

- a. A description of short-acting opioid antagonists and their purpose;
- b. A statement regarding, in an emergency situation, the risks of administering to an individual a short-acting opioid antagonist and the risks of not administering to an individual a short-acting opioid antagonist;
- c. A statement identifying which schools in the district, if any, have short-acting opioid antagonists, and the necessary medical supplies to administer short-acting opioid antagonists, onsite and available for emergency situations; and

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and include in-person, skills demonstration for training developed by the Oregon Health Authority for epinephrine, glucagon, and for medication to treat adrenal insufficiency.

<sup>4</sup> {If the district plans to provide for, and administer a short-acting opioid antagonist, this bracketed language is highly recommended. If the district does not intend to provide and/or administer this medication, there is no requirement to include this language.}

<sup>5</sup> Including district personnel who have not received medication administration training.

- d. A statement that a representative of the district may administer a short-acting opioid antagonist to a student in an emergency if the student appears to be unconscious and experiencing an opioid overdose.

## 5. Administering of Medication to a Student Experiencing Symptoms of Adrenal Crisis

A student experiencing symptoms of adrenal crisis while the student is in school, at a district-sponsored activity, while under the supervision of school personnel, in a before-school or after-school care program on school-owned property and/or in transit to or from a school or a district-sponsored activity, may be treated by designated personnel and shall be subject to the following:

- a. Upon notice of a diagnosis of adrenal insufficiency, as defined in Oregon Administrative Rule (OAR) 581-021-0037, the building principal of the school the student attends will designate one or more district personnel to receive training and be responsible for administering the medication to treat adrenal insufficiency to a student in the event the student exhibits symptoms the district personnel believe in good faith indicate the student is experiencing symptoms of adrenal crisis;
- b. The designated personnel will successfully complete required training to administer medication to treat a student who has adrenal insufficiency and is experiencing symptoms of adrenal crisis;
- c. The student's parent or guardian must provide adequate supply of the student's prescribed medication to the district;
- d. The district will develop an individualized health care plan for the student;
- e. In the event that a student experiences symptoms of adrenal crisis and the designated personnel determines the medication to treat adrenal insufficiency should be administered, any available district staff member will immediately call 911 and the student's parent or guardian.

## 6. Administering Medication to a Student

- a. A request to permit designated personnel to administer medication to a student may be approved by the district and is subject to the following:
  - (1) A written request for designated personnel to administer prescription medication to a student, if because of the prescribed frequency or schedule, the medication must be given while the student is in school, at a school-sponsored activity, while under the supervision of school personnel and in transit to or from school or a school-sponsored activity, must be submitted to the school office and shall include:
    - (a) The written permission of the student's parent or guardian; and
    - (b) The written instruction from the prescriber for the administration of the medication to the student that includes:
      - (i) Name of the student;
      - (ii) Name of the medication;
      - (iii) Method of administration;
      - (iv) Dosage;
      - (v) Frequency of administration;
      - (vi) Other special instructions from the prescriber, if any; and
      - (vii) Signature of the prescriber.

The prescription medication is provided in the original prescription packaging by the student's parent or guardian. The prescription label prepared by a pharmacist at the direction of the prescriber, will be sufficient to meet this requirement if it contains the information listed in (i)-(vi) above.

(2) A written request for designated personnel to administer nonprescription medication to a student must be submitted to the school office and is subject to the following:

(a) The nonprescription medication is necessary for the student to remain in school;

(b) The nonprescription medication is:

(i) Provided in the original manufacturer's container by the student's parent or guardian; or

(ii) Is part of the district's stock medication program in compliance with the Oregon Board of Pharmacy rules including OAR 855-035-0005.

(c) The written instruction and permission from the student's parent or guardian for the administration of the nonprescription medication<sup>6</sup> includes:

(i) Name of the student;

(ii) Name of the medication;

(iii) Method of administration;

(iv) Dosage;

(v) Frequency of administration;

(vi) Other special instructions, if any; and

(vii) Signature of the student's parent or guardian.

If the written instruction is not consistent with the manufacturer's guidelines for the nonprescription medication, the written instruction must also include a written order allowing the inconsistent administration signed by a prescriber.

(d) If the nonprescription medication is not approved by the Food and Drug Administration (FDA), a written order from the student's prescriber is required and will include:

(i) Name of the student;

(ii) Name of the medication;

(iii) Dosage;

(iv) Method of administration;

(v) Frequency of administration;

(vi) A statement that the medication must be administered while the student is in school;

(vii) Other special instructions, if any; and

(viii) Signature of the prescriber.

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<sup>6</sup> For nonprescription medication that is not approved by the Food and Drug Administration (FDA), see requirements in 6.a.(2)(d).

- b. The principal or designee will require an individualized health care plan or allergy plan be developed for every student with a need to manage asthma or a known life-threatening allergy. A plan will include protocols for preventing exposures to allergens and procedures for responding to life-threatening allergic responses, and include provisions for administering medication and/or responding to emergency situations while the student is in school, at a school-sponsored activity, under the supervision of school personnel, in a before-school or after-school care program on school-owned property and in transit to or from school or a school-sponsored activity;
- c. A student being administered a medication may be monitored by designated personnel to monitor the student's response to the medication;
- d. A determination will be made by the district on if or when the student may self-carry prescription medication if the student has not been approved to self-administer medication;
- e. It is the student's parent or guardian's responsibility to ensure that an adequate amount of medication is on hand at the school for the duration of the student's need to take medication;
- f. It is the student's parent or guardian's responsibility to ensure that the school is informed in writing of any changes in medication instructions;
- g. In the event a student refuses medication, the parent or guardian will be notified immediately. No attempt will be made to administer medication to a student who refuses a medication;
- h. Any error in administration of a medication will be reported to the parent or guardian immediately and documented on a medication administration record. Errors include, but are not limited to, administering medication to the wrong student, administering the wrong medication, dose, frequency of administration or method of administration;
- i. Medication shall not be administered until the necessary permission form and written instructions have been submitted and received as required by the district.

## 7. Administration of Medication by a Student to Themselves

- a. A student, including a student in grade K through 12 with asthma or severe allergies, may be permitted to administer prescription or nonprescription medication to themselves without assistance from designated personnel and is subject to the following:
  - (1) A student must demonstrate the ability, developmentally and behaviorally, to self-administer prescription medication and must have:
    - (a) The written permission from a parent or guardian and other documentation requested by the district must be submitted for self-medication of all prescription medications;
    - (b) If the student has asthma or a severe allergy, a medication that is prescribed by a prescriber and a written treatment plan developed by a prescriber or other Oregon licensed health care professional for managing of the student's asthma, diabetes and/or severe allergy, and directs use by the student while the student is in school, at a school-sponsored activity, while under the supervision of school personnel, in a before-school or after-school care program on school-owned property and in transit to or from school or a school-sponsored activity. The prescriber will include acknowledgment that the student has been instructed in the correct and responsible use of the prescribed medication;
    - (c) The permission to self-administer the medication from a building administrator and a prescriber or registered nurse practicing in a district setting.

- (2) A student must demonstrate the ability, developmentally and behaviorally, to self-administer nonprescription medication<sup>7</sup> and must have:
- (a) The written permission of the student's parent or guardian;
  - (b) The student's name affixed to the manufacturer's original container; and
  - (c) The permission to self-administer medication from a building administrator.
- (3) A student must demonstrate the ability, developmentally and behaviorally, to self-administer nonprescription medication that is not approved by the FDA and must have:
- (a) The written permission of the student's parent or guardian; and
  - (b) A written order from the student's prescriber that includes:
    - (i) Name of the student;
    - (ii) Name of the medication;
    - (iii) Dosage;
    - (iv) Method of administration;
    - (v) Frequency of administration;
    - (vi) A statement that the medication must be administered while the student is in school, at a district-sponsored activity, under the supervision of district personnel, or in transit to or from school or district-sponsored activities;
    - (vii) Other special instructions, if any; and
    - (viii) Signature of the prescriber.
- b. A determination will be made by the district on if or when the student may self-carry prescription medication if the student has not been approved to self-administer medication;
- c. A student may have in their possession only the amount of medication needed for that school day, except for manufacturer's packaging that contains multiple dosage, the student may carry one package, such as, but not limited to, autoinjectable epinephrine or bronchodilators/inhalers;
- d. The sharing and/or borrowing by a student of any medication with another student is strictly prohibited<sup>8</sup>;
- e. The district personnel will request backup medication, when the medication is to treat a student's asthma or severe allergy emergency, from the student's parent or guardian. Backup medication, if provided by a student's parent or guardian, will be kept at the student's school in a location to which the student has immediate access in the event the student has an asthma and/or severe allergy emergency;
- f. A student shall not administer medication to themselves until the necessary permission form and written instructions have been submitted as required by the district;
- g. The permission for a student to administer medication to themselves may be revoked if the student does not responsibly self-administer the medication or abuses the use of the medication as determined by district personnel;
- h. A student may be subject to discipline, up to and including expulsion, as appropriate for violations of these procedures;

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<sup>7</sup> For nonprescription medication that is not approved by the Food and Drug Administration (FDA), see requirements in 7.a.(3).

<sup>8</sup> [Except for short-acting opioid antagonists.]

- i. A student permitted to administer medication to themselves may be monitored by designated personnel to monitor the student's response to the medication;
- j. The district allows the application of and use by students of nonprescription sunscreen, including sunscreen that contains para-aminobenzoic acid, without any required documentation from a licensed health care professional per ORS 339.874.

## 8. Handling, Monitoring and Safe Storage of Medication Supplies for Administration of Medication

- a. Any medication must be delivered to the school in its original manufacturer's or current prescription container, accompanied by the permission form and written instructions, as required above.
- b. Prescription medication must always be the most current prescription and kept in the original, labeled container.
- c. Nonprescription medication must be kept in original manufacturer's bottle or box.
- d. Never administer medication sent to school in unlabeled containers.
- e. Never repackage medication into a plastic bag or other container for any reason.
- f. Designated personnel will follow the written instructions of the prescriber and the student's parent or guardian, and training guidelines as may be recommended by ODE for administering all forms of prescription and/or nonprescription medications.
- g. Medication will be secured as follows:
  - (1) Nonrefrigerated medications will be stored in a locked cabinet, drawer or box in a secure area;
  - (2) Medications requiring refrigeration will be stored in a locked box in a refrigerator or in a separate refrigerator used solely for the storage of medication in a secure area;
  - (3) Access to medication storage keys will be limited to the principal and designated personnel.
- h. Designated personnel will be responsible for monitoring all medication supplies and for ensuring medication is secure at all times, not left unattended after administering and that the medication container is properly sealed and returned to storage.
- i. When medication is running low or an inadequate dosage is on hand to administer the medication, the designated personnel will notify the student's parent or guardian immediately.

## 9. Emergency Response

- a. Designated personnel will immediately call 911 or other appropriate emergency medical response systems and administer first aid, as necessary, in the event of life-threatening side effects and allergic reactions, including the administration of epinephrine. The parent or guardian, district nurse and principal will be notified immediately.
- b. Adverse reactions which result from district-administered medication or from student self-medication will be reported to the parent or guardian immediately.
- c. Any available district staff will immediately call 911 and the student's parent or guardian if the designated personnel believes the student is experiencing symptoms of adrenal crisis and plans to administer medication.
- d. Any available staff will immediately call 911 when a short-acting opioid antagonist is administered to any student or other individual on district premises.

## 10. Disposal of Medications

- a. Medication not picked up by the student's parent or guardian, at the end of the school year or within five school days of the end of the medication period, whichever is earlier, will be disposed of by designated personnel in the presence of another school employee. The medication may be disposed through a designated drug take-back collection program or in a nonrecoverable fashion as follows:
  - (1) Medication will be removed from its original container and personal information will be destroyed;
  - (2) Mix with an undesirable substance, e.g., coffee grounds, used cat litter;
  - (3) Place in a plastic bag or other sealable container, e.g., such as an empty plastic container; and
  - (4) Place the sealed container with the mixture in the trash as close to garbage pickup time as possible, to prevent theft and misuse.
- b. Prescriptions will never be flushed down the toilet or drain or burnt with other waste.
- c. Sharps and glass will be disposed of in accordance with state guidelines.
- d. All medication will be disposed of by designated personnel following DEQ guidelines and documented on the student's MAR as described below.

## 11. Transcribing, Recording and Record Keeping

- a. A medication administration record (MAR) will be maintained for each student administered medication by the district. The MAR will be in paper<sup>9</sup> or electronic form and will include, but not be limited to:
  - (1) The full name of the student, date of birth, name of medication, dosage, method of administration, date and time of administration, frequency of administration and the name of the person administering the medication;
  - (2) Student refusals of medication;
  - (3) Errors in administration of medication;
  - (4) Incidents of emergency and minor adverse reaction by a student to medication;
  - (5) Discrepancies in medication supply;
  - (6) Disposal of medication including date, quantity, manner in which the medication was destroyed and the signature of the staff involved.
- b. A MAR for medication administered as part of an IEP goal should be maintained in the IEP record at the end of each school year.
- c. All records relating to administration of medications, including permissions and written instructions, will be maintained. Records will be retained in accordance with applicable provisions of OAR 166-400-0010(17) and OAR 166-400-0060(29).
- d. All records relating to the training of designated district personnel will be maintained by the district in accordance with applicable provisions of OAR 166-400-0010.
- e. Student health information will be kept confidential. Access shall be limited to those designated personnel authorized to administer medication to students, the student and their parent or guardian. Information may be shared with school personnel with a legitimate

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<sup>9</sup> If a paper record is kept, the record will be documented in blue or black ink, and never in pencil or with use of white-out.

educational interest in the student or others authorized by the parent or guardian in writing or others as allowed under state and federal law.

### **Non-liability Provisions for Administration of Prescription and Nonprescription Medications and Short-Acting Opioid Antagonists**

A school administrator, teacher or other school employee designated by the school administrator is not liable in a criminal action or for civil damages as a result of the administration of nonprescription medication, if the school administrator, teacher or other school employee in good faith administers nonprescription medication to a student pursuant to written permission and instructions of the student's parents or guardian.

A school administrator, teacher or other school employee designated by the school administrator is not liable in a criminal action or for civil damages as a result of the administration of prescription medication, if the school administrator, teacher or other school employee in compliance with the instructions of a physician, physician assistant, nurse practitioner, naturopathic physician or clinical nurse specialist, in good faith administers prescription medication to a student pursuant to written permission and instructions of the student's parents or guardian.

A person may not maintain an action for injury, death or loss that results from acts or omissions of a school administrator, teacher or other school employee during the administration of a short-acting opioid antagonist unless it is alleged and proved by the complaining party that the school administrator, teacher or other school employee was grossly negligent in administering the short-acting opioid antagonist unless other conditions exist and which are outlined in Oregon law in ORS 339.870.

The civil and criminal immunities provided for above do not apply to an act or omission accounting to gross negligence or willful and wanton misconduct.

### **Non-Liability Provisions for Self-Administration and Autoinjectable Epinephrine**

A school administrator, school nurse, teacher or other school employee designated by the school administrator is not liable in a criminal action or for civil damages as a result of a student's self-administration of medication, as described in ORS 339.866, if the school administrator, school nurse, teacher or other school employee, in compliance with the instructions of the student's Oregon licensed health care professional, in good faith assists the student's self-administration of the medication, if the medication is available to the student pursuant to written permission and instructions of the student's parent, guardian or Oregon licensed health care professional.

A school administrator, school nurse, teacher or other school employee designated by the school administrator is not liable in a criminal action or for civil damages as a result of the use of medication if the school administrator, school nurse, teacher or other school employee in good faith administers autoinjectable epinephrine to a student or other individual with a severe allergy who is unable to self-administer the medication regardless of whether the student or individual has a prescription for epinephrine.

The district and the members of a district Board are not liable in a criminal action or for civil damages as a result of the use of medication if any person in good faith administers autoinjectable epinephrine to a student or other individual with a severe allergy who is unable to self-administer the medication, regardless of whether the student or individual has a prescription for epinephrine; and the person

administered the autoinjectable epinephrine on school premises, including at a school, on school property under the jurisdiction of the district or at an activity under the jurisdiction of the district.

The civil and criminal immunities described above (which are identified in ORS 339.871) do not apply to an act or omission to gross negligence or willful and wanton misconduct.

NEW

# OSBA Model Sample Policy

Code: JHCD

Adopted:

## Medications\*\*/\*

{Required policy. The requirement for policy comes from ORS 339.866 (2).}

The district recognizes administering a medication to a student and/or permitting a student to administer a medication to themselves, may be necessary to allow the student to attend school. Therefore, the district allows medication, including injectable medications, to be administered to a student by designated personnel and the administration of medication by a student to themselves without assistance from designated personnel, subject to criteria established by the district and in accordance with Oregon law.

The district shall designate personnel authorized to administer medications to students. Medications, including injectable medications, may be administered by designated district personnel as part of a formal delegation by a registered nurse. Annual training shall be provided to designated personnel in accordance with law. The training will align with the ODE Medication Administration Training and include discussion of this policy, procedures and materials, including but not limited to, procedures outlined in administrative regulation JHCD-AR - Medications.

When a licensed health care professional is not immediately available, trained personnel designated by the district may administer epinephrine, glucagon, treatment for adrenal insufficiency, or another medication to a student as prescribed and/or as otherwise allowed by Oregon law.

A current first-aid/CPR/AED card is required for designated personnel.

The district reserves the right to reject a request for administration of medication at school, either by district personnel or student self-administration, if the medication is not necessary for the student to remain in school.

The district may revoke permission given to a student to self-administer medication if the student does not responsibly self-administer the medication or abuses the use of the medication, as determined by district personnel.

Medications will be handled, stored, monitored, disposed of and records maintained in accordance with law and established district procedures governing the administration of prescription or nonprescription medications to students, including procedures for the disposal of sharps and glass.

A process shall be established by which, upon parent or guardian written request, a backup medication is kept at a reasonably, secure location in the student's classroom as provided by state law.

A premeasured dose of epinephrine may be administered by trained, designated personnel to any student or other individual on district premises who the person believes in good faith is experiencing a severe allergic reaction, regardless of whether the student or individual has a prescription for epinephrine.

<sup>1</sup> A non-injectable short-acting opioid antagonist may be administered to any student or other individual by district personnel (whether or not they have received training on administering medications) on district premises who the individual administering the short-acting opioid antagonist believes in good faith is experiencing an opioid overdose.

A school administrator, teacher or other school employee, may administer a short-acting opioid antagonist to a student who experienced or is experiencing an opioid overdose without written permission and instructions of the student’s parents or guardian.

This policy shall not prohibit, in any way, the administration of recognized first aid to a student by district employees in accordance with established state law, Board policy and administrative regulation.

The superintendent shall develop administrative regulations to meet the requirements of law and the implementation of this policy.

**END OF POLICY**

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**Legal Reference(s):**

[ORS 332.107](#)

[ORS 339.866 - 339.871](#)

[ORS 433.800 - 433.830](#)

[ORS 689.800](#)

[OAR 166-400-0010\(17\)](#)

[OAR 166-400-0060\(29\)](#)

[OAR 333-055-0000 - 0035](#)

[OAR 581-021-0037](#)

[OAR 581-022-2220](#)

[OAR 851-047-0000 - 0030](#)

Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g (2018); Family Educational Rights and Privacy, 34 C.F.R. Part 99 (2019).

OREGON HEALTH AUTHORITY AND OREGON DEPARTMENT OF EDUCATION, *Medication Administration: A Manual for School Personnel*.

House Bill 1552 (2024).

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<sup>1</sup> {The district is not required to provide or administer this medication. If the district is going to provide for, and administer this medication, this policy language is required. If the district does not intend to provide or administer this medication, there is no requirement to include this language in this policy.}

# Fern Ridge School District 28J

Code: JHCD/JHCDA-AR  
Adopted: 11/16/09  
Revised/Readopted: 7/06/10; 3/07/11; 3/17/14;  
2/17/15; 4/20/15; 11/16/15;  
6/20/16; 12/18/17; 9/17/18;  
3/16/20  
Orig. Code: JHCD; JHCDA

## Medications\*\*

Students may, subject to the provisions of this administrative regulation, have prescription or nonprescription medication administered by designated personnel or may be permitted to administer prescription or nonprescription medication to them self.

### 1. Definitions

- a. “Medication” means any drug, chemical compound, suspension or preparation in suitable form for use as a curative or remedial substance taken internally or externally but not injected except for premeasured doses of epinephrine, medication to treat adrenal insufficiency and glucagon to treat severe hypoglycemia. Medication includes any prescription for bronchodilators or autoinjectable epinephrine prescribed by a student’s Oregon licensed health care professional for asthma or severe allergies. Medication also includes naloxone or any similar medication that is in any form available for the safe administration and that is designed to rapidly reverse an overdose of an opioid drug.
- b. “Prescription medication” means any medication that under federal or state law requires a prescription by a prescriber.
- c. “Nonprescription medication” means medication that under federal law does not require a prescription from a prescriber.
- d. “Adrenal crisis” means adrenal crisis as defined in Oregon Revised Statute (ORS) 433.800.
- e. “Adrenal insufficiency” means adrenal insufficiency as defined in ORS 433.800.
- f. “Notice of a diagnosis of adrenal insufficiency” means written notice to the district from a student or the parent or guardian of a student who has been diagnosed as adrenal insufficient with a copy of an order from the student’s primary care provider that includes the student’s diagnosis, description of symptoms indicating the student is in crisis, prescription for medication to treat adrenal insufficiency crisis and instructions for follow-up care after medication to treat adrenal insufficiency crisis has been administered.
- g. “Prescriber<sup>1</sup>” means a doctor of medicine or osteopathy, a physician assistant licensed to practice by the Board of Medical Examiners for the state of Oregon, an Oregon-licensed, advance practice registered nurse with prescriptive authority, a dentist licensed by the Board of Dentistry for the state of Oregon, an optometrist licensed by the Board of Optometry for the state of Oregon, a naturopathic physician licensed by the Board of Naturopathy for the state of Oregon or a pharmacist licensed by the Board of Pharmacy for the state of Oregon.
- h. “Qualified trainer” means a person who is familiar with the delivery of health services in a school setting and who is a registered nurse licensed by the Oregon State Board of Nursing, a

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<sup>1</sup>A registered nurse who is employed by a public or private school, ESD or local public health authority to provide nursing services at a public or private school may accept an order from a physician licensed to practice medicine or osteopathy in another state or territory of the U.S. if the order is related to the care or treatment of a student who has been enrolled at the school for not more than 90 days.

doctor of medicine or osteopathy or a physician assistant licensed by the Board of Medical Examiners for the state of Oregon or a pharmacist licensed by the Board of Pharmacy for the state of Oregon.

- i. “Severe allergy” means a life-threatening hypersensitivity to a specific substance such as food, pollen, dust or insect sting.
- j. “Asthma” means a chronic inflammatory disorder of the airways that requires ongoing medical intervention.
- k. “Designated personnel” means the school personnel designated to administer medication pursuant to district policy and procedure.

## 2. Designated Staff/Training

- a. The principal will designate personnel authorized to administer prescription or nonprescription medication to a student while the student is in school, at a school-sponsored activity, under the supervision of school personnel, in a before-school or after-school care program on school-owned property and in transit to or from school or a school-sponsored activity, as required by Oregon law. The principal will supervise and ensure building and activity practices and procedures are consistent with the requirements of law, rules and this administrative regulation.
- b. The principal will ensure the training required by Oregon law is provided to designated personnel. Training must be conducted by a qualified trainer. Training will be provided annually to designated personnel authorized to administer medication to students. The first year and every third year of training requires in-person instruction; during the intervening years, designated personnel may complete an online training that has been approved by the Oregon Department of Education (ODE) so long as a trainer is available within a reasonable amount of time following the training to answer questions and provide clarification.
- c. Training will provide an overview of applicable provisions of Oregon law, administrative rules, district policy and administrative regulations and include, but not be limited to, the following: safe storage, handling, monitoring medication supplies, disposing of medications, record keeping and reporting of medication administration and errors in administration, emergency medical response for life-threatening side effects, allergic reactions or adrenal insufficiency and student confidentiality. Materials as recommended and/or approved by the ODE will be used.
- d. A copy of the district’s policy and administrative regulation will be provided to all staff authorized to administer medication to students and others, as appropriate.
- e. A statement that the designated personnel has received the required training will be signed by the staff member and filed in the district office.

## 3. Administering Premeasured Doses of Epinephrine to a Student or Other Individual

A premeasured dose of epinephrine may be administered by trained, designated personnel to any student or other individual on school premises who the person believes in good faith is experiencing a severe allergic reaction, regardless of whether the student or individual has a prescription for epinephrine.

## 4. <sup>2</sup>Administering Naloxone or Other Similar Medication to a Student or Other Individual

- 5. Naloxone or any other similar medication that is in any form available for safe administration and that is designed to rapidly reverse an overdose of an opioid drug may be administered by trained,

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<sup>2</sup> Ibid. p. 1.

designated personnel to any student or other individual on school premises who the person believes in good faith is experiencing an opioid overdose.

#### 6. Administering of Medication to a Student Experiencing Symptoms of Adrenal Crisis

A student experiencing symptoms of adrenal crisis while the student is in school, at a school-sponsored activity, while under the supervision of school personnel, in a before-school or after-school care program on school-owned property and in transit to or from a school or a school-sponsored activity, may be treated by designated personnel and shall be subject to the following:

- a. Upon notice of a diagnosis of adrenal insufficiency, as defined in Oregon Administrative Rule (OAR) 581-021-0037, the building principal will designate one or more school personnel to be responsible for administering the medication to treat adrenal insufficiency;
- b. The designated personnel will successfully complete training to administer medication to treat a student who has adrenal insufficiency and is experiencing symptoms of adrenal crisis in accordance with the rules adopted by the Oregon Health Authority;
- c. The student or the student's parent or guardian must provide adequate supply of the student's prescribed medication to the district;
- d. The district will require the development of an individualized health care plan for the student that includes protocols for preventing exposures to allergens, and establishes if or when a student may self-carry prescription medication when the student has not been approved to self-administer medication;
- e. In the event that a student experiences symptoms of adrenal crisis and the designated personnel determines the medication to treat adrenal insufficiency should be administered, any available staff member will immediately call 911 and the student's parent or guardian.

#### 7. Administering Medications to a Student

- a. A request to permit designated personnel to administer medication to a student may be approved by the district and is subject to the following:
  - (1) A written request for designated personnel to administer prescription medication to a student, if because of the prescribed frequency or schedule, the medication must be given while the student is in school, at a school-sponsored activity, while under the supervision of school personnel and in transit to or from school or a school-sponsored activity, must be submitted to the school office and shall include:
    - (a) The written permission of the student's parent or guardian or the student if the student is allowed to seek medical care without parental consent pursuant to ORS 109.610, 109.640 or 109.675; and
    - (b) The written instruction from the prescriber for the administration of the medication to the student that includes:
      - (i) Name of the student;
      - (ii) Name of the medication;
      - (iii) Method of administration;
      - (iv) Dosage;
      - (v) Frequency of administration;
      - (vi) Other special instructions from the prescriber, if any; and
      - (vii) Signature of the prescriber.

- (a) The prescription label prepared by a pharmacist at the direction of the prescriber, will be considered to meet this requirement if it contains the information listed in (i)-(vi) above.
- (2) A written request for designated personnel to administer nonprescription medication to a student must be submitted to the school office and is subject to the following:
- (c) The nonprescription medication is necessary for the student to remain in school;
  - (d) The nonprescription medication is provided in the original manufacturer's container by the parent or guardian of the student;
  - (e) The written instruction from the student's parent or guardian for the administration of the nonprescription medication includes:
    - (i) Name of the student;
    - (ii) Name of the medication;
    - (iii) Method of administration;
    - (iv) Dosage;
    - (v) Frequency of administration;
    - (vi) Other special instructions, if any; and
    - (vii) Signature of the student's parent or guardian.

If the written instruction is not consistent with the manufacturer's guidelines for the nonprescription medication, the written instruction must also include a written order allowing the inconsistent administration signed by a prescriber.

- (f) If the nonprescription medication is not approved by the Food and Drug Administration (FDA), a written order from the student's prescriber is required and will include:
    - (i) Name of the student;
    - (ii) Name of the medication;
    - (iii) Dosage;
    - (iv) Method of administration;
    - (v) Frequency of administration;
    - (vi) A statement that the medication must be administered while the student is in school;
    - (vii) Other special instructions, if any; and
    - (viii) Signature of the prescriber.
- b. An individualized health care and allergy plan will be developed for a student with a known life-threatening allergy and will include protocols for preventing exposures to allergens and procedures for responding to life-threatening allergic reactions while the student is in school, at a school-sponsored activity, while under the supervision of school personnel, in a before-school or after-school care program on school-owned property and in transit to or from school or a school-sponsored activity, and will include a determination on if or when the student may self-carry prescription medication if the student has not been approved to self-administer medication;
- c. It is the student's parent's or guardian's, or the student's if the student is allowed to seek medical care without parental consent, responsibility to ensure that an adequate amount of medication is on hand at the school for the duration of the student's need to take medication;

- d. It is the student's parent's or guardian's, or the student's if the student is allowed to seek medical care without parental consent, responsibility to ensure that the school is informed in writing of any changes in medication instructions;
- e. In the event a student refuses medication, the parent or guardian will be notified immediately, except where a student is allowed to seek medical care without parental consent. No attempt will be made to administer medication to a student who refuses a medication;
- f. Any error in administration of a medication will be reported to the parent or guardian immediately, except where a student is allowed to seek medical care without parental consent, and documentation will be made on the district's Accident/Incident Report form. Errors include, but are not limited to, administering medication to the wrong student, administering the wrong medication, dose, frequency of administration or method of administration;
- g. Medication shall not be administered until the necessary permission form and written instructions have been submitted as required by the district.

8. Administration of Medication by a Student to Them self

- a. A student, including a student in grade K through 12 with asthma or severe allergies, may be permitted to administer medication to them self without assistance from designated personnel and is subject to the following:
  - (1) A student must demonstrate the ability, developmentally and behaviorally, to self-administer prescription medication and must have:
    - (a) A permission form from a parent or guardian, except when the student is allowed to seek medical care without parental consent pursuant to ORS 109.610, 109.640 or 109.675, and other documentation requested by the district must be submitted for self-medication of all prescription medications;
    - (b) If the student has asthma, diabetes and/or a severe allergy, a medication that is prescribed by a prescriber and a written treatment plan developed by a prescriber or other Oregon licensed health care professional for managing of the student's asthma, diabetes and/or severe allergy, and directs use by the student while the student is in school, at a school-sponsored activity, while under the supervision of school personnel, in a before-school or after-school care program on school-owned property and in transit to or from school or a school-sponsored activity. The prescriber will include acknowledgment that the student has been instructed in the correct and responsible use of the prescribed medication;
    - (c) The permission to self-administer the medication from a building administrator and a prescriber or registered nurse practicing in a school setting.
  - (2) A student must demonstrate the ability, developmentally and behaviorally, to self-administer nonprescription medication and must have:
    - (a) The written permission of the student's parent or guardian, except when the student is allowed to seek medical care without parental consent pursuant to ORS 109.610, 109.640 or 109.675;
    - (b) The student's name affixed to the manufacturer's original container; and
    - (c) The permission to self-administer medication from a building administrator.

- (3) A student must demonstrate the ability, developmentally and behaviorally, to self-administer nonprescription medication that is not approved by the FDA and must have:
  - (a) The written permission of the student's parent or guardian, except when the student is allowed to seek medical care without parental consent pursuant to ORS 109.610, 109.640 or 109.675; and
  - (b) A written order from the student's prescriber that includes:
    - (i) Name of the student;
    - (ii) Name of the medication;
    - (iii) Dosage;
    - (iv) Method of administration;
    - (v) Frequency of administration;
    - (vi) A statement that the medication must be administered while the student is in school;
    - (vii) Other special instructions, if any; and
    - (viii) Signature of the prescriber.
- b. The student may have in their possession only the amount of medication needed for that school day, except for manufacturer's packaging that contains multiple dosage, the student may carry one package, such as, but not limited to, autoinjectable epinephrine or bronchodilators/inhalers;
- c. Sharing and/or borrowing of any medication with another student is strictly prohibited;
- d. For a student who has been prescribed bronchodilators or epinephrine, the designated personnel will request that the parent or guardian provide backup medication for emergency use by that student. Backup medication, if provided, will be kept at the student's school in a location to which the student has immediate access in the event the student has an asthma and/or severe allergy emergency;
- e. Upon written request from a parent or guardian, and with a prescriber's written statement that the lack of immediate access to a backup autoinjectable epinephrine may be life threatening to a student, and the location the school stores backup medication is not located in the student's classroom, a process shall be established to allow the backup autoinjectable epinephrine to be kept in a reasonably secure location in the student's classroom;
- f. A student shall not administer medication to them self until the necessary permission form and written instructions have been submitted as required by the district;
- g. Permission for a student to administer medication to them self may be revoked if the student violates the Board policy and/or this administrative regulation;
- h. A students may be subject to discipline, up to and including expulsion, as appropriate;
- i. A student permitted to administer medication to them self may be monitored by designated personnel to monitor the student's response to the medication.

9. Handling, Monitoring and Safe Storage of Medication Supplies for Administering Medication to Students

- a. Medication administered by designated personnel to a student or self-administered by a student, must be delivered to the school, in its original container, accompanied by the permission form and written instructions, as required above.
- b. Medication in capsule or tablet form and categorized as a sedative, stimulant, anticonvulsant, narcotic analgesic or psychotropic medication will be counted by designated personnel in the presence of another district employee upon receipt, documented in the student's medication log and routinely monitored during storage and administration. Discrepancies will be reported to the principal immediately and documented in the student's medication log. For such

medication not in capsule or tablet form, standard measuring and monitoring procedures will apply.

- c. Designated personnel will follow the written instructions of the prescriber and the student or the student's parent or guardian, and training guidelines as may be recommended by the ODE for administering all forms of prescription and/or nonprescription medications.
- d. Medication will be secured as follows:
  - (1) Nonrefrigerated medications will be stored in a locked cabinet, drawer or box used solely for the storage of medication;
  - (2) Medications requiring refrigeration will be stored in a separate refrigerator used solely for the storage of medication;
  - (3) Access to medication storage keys will be limited to the principal and designated personnel.
- e. Designated personnel will be responsible for monitoring all medication supplies and for ensuring medication is secure at all times, not left unattended after administering and that the medication container is properly sealed and returned to storage.
- f. In the event medication is running low or an inadequate dosage is on hand to administer the medication, the designated personnel will notify the student's parent or guardian or the student (in situations involving ORS 109.610, 109.640 and 109.675) immediately.

#### 10. Emergency Response

- a. Designated personnel will notify 911 or other appropriate emergency medical response systems and administer first aid, as necessary, in the event of life-threatening side effects that result from district-administered medication or from student self-medication or allergic reactions. The parent or guardian and principal will be notified immediately.
- b. Minor adverse reactions that result from district-administered medication or from student self-medication will be reported to the parent or guardian immediately, except when the student is allowed to seek medical care without parental consent pursuant to ORS 109.610, 109.640 or 109.675.
- c. Any available district staff will immediately call 911 and the student's parent or guardian if the designated personnel believes the student is experiencing symptoms of adrenal crisis and plans to administer medication.

#### 11. Disposal of Medications

- a. Medication not picked up by the student's parent or guardian, or the student when allowed pursuant to ORS 109.610, 109.640 and 109.675, at the end of the school year or within five school days of the end of the medication period, whichever is earlier, will be disposed of by designated personnel in a nonrecoverable fashion as follows:
  - (1) Medication will be removed from its original container and personal information will be destroyed;
  - (2) Solid medications will be crushed, mixed or dissolved in water, liquid medications will be mixed or dissolved in water; and
  - (3) Mixed with an undesirable substance, e.g., coffee grounds, kitty litter, flour; and
  - (4) Placed in impermeable non-descriptive containers, e.g., empty cans or sealable bags, and placed in the trash.

Prescriptions will be flushed down the toilet **only** if the accompanying patient information specifically instructs it is safe to do so.

Other medication will be disposed of in accordance with established training procedures including sharps and glass.

- b. All medication will be disposed of by designated personnel in the presence of another school employee and documented as described in Section 10, below.

## 12. Transcribing, Recording and Record Keeping

- a. A medication log will be maintained for each student administered medication by the district. The medication log will include, but not be limited to:
  - (1) The name of the student, name of medication, dosage, method of administration, date, and time of administration, frequency of administration and the name of the person administering the medication;
  - (2) Student refusals of medication;
  - (3) Errors in administration of medication;
  - (4) Incidents of emergency and minor adverse reaction by a student to medication;
  - (5) Discrepancies in medication supply;
  - (6) Disposal of medication including date, quantity, manner in which the medication was destroyed and the signature of the staff involved.
- b. All records relating to administration of medications, including permissions and written instructions, will be maintained in a separate medical file apart from the student's education records file unless otherwise related to the student's educational placement and/or individualized education program. Records will be retained in accordance with applicable provisions of OAR 166-400-0010(17) and OAR 166-400-0060(29).

Student health information will be kept confidential. Access shall be limited to those designated personnel authorized to administer medication to students, the student and their parent or guardian. Information may be shared with other staff with a legitimate educational interest in the student or others as may be authorized by the parent or guardian in writing or others as allowed under state and federal law.

# Fern Ridge School District 28J

Code: JHCD/JHCDA  
Adopted: 4/20/98;  
Revised/Readopted: 11/16/09; 12/18/17; 3/16/20  
Orig. Code(s): JHCD; JHCDA

## Medications\*\*

The district recognizes that administering a medication to a student and/or permitting a student to administer a medication to them self, may be necessary when the failure to take such medication during school hours would prevent the student from attending school, and recognizes a need to ensure the health and well-being of a student who requires regular doses or injections of a medication as a result of experiencing a life-threatening allergic reaction or adrenal crisis<sup>1</sup>, or a need to manage hypoglycemia, asthma or diabetes. Accordingly, the district may administer or a student may be permitted to administer to themselves prescription (injectable and noninjectable) and/or nonprescription (noninjectable) medication at school.

The district shall designate personnel authorized to administer medications to students. Annual training shall be provided to designated personnel as required by law in accordance with guidelines approved by the Oregon Department of Education (ODE). When a licensed health care professional is not immediately available, trained personnel designated by the district may administer epinephrine, glucagon or another medication to a student as prescribed and/or allowed by Oregon law.

A current first-aid and CPR card is required for designated personnel.

The district reserves the right to reject a request for administration of medication at school, either by district personnel or student self-administration, if the medication is not necessary for the student to remain in school.

The superintendent and/or designee will require that an individualized health care plan and allergy plan is developed for every student with a known life-threatening allergy or a need to manage asthma, and an individualized health care plan for every student for whom the district has been given proper notice of a diagnosis of adrenal insufficiency. Such a plan will include provisions for administering medication and/or responding to emergency situations while the student is in school, at a school-sponsored activity, under the supervision of school personnel, in a before-school or after-school care program on school-owned property and in transit to or from school or a school-sponsored activity.

A student may be allowed to self-administer a medication for asthma, diabetes, hypoglycemia or severe allergies as prescribed by an Oregon licensed health care professional, upon written and signed request of the parent or guardian and subject to age-appropriate guidelines. This self-administration provision also requires a written and signed confirmation the student has been instructed by the Oregon licensed health care professional on the proper use of and responsibilities for the prescribed medication.

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<sup>1</sup>Under proper notice given to the district by a student or student's parent or guardian.

A request to the district to administer or allow a student to self-administer prescription medication shall include a signed prescription and treatment plan from a prescriber<sup>2</sup>.

A request to the district to administer or allow a student to self-administer nonprescription that is not approved by the Food and Drug Administration (FDA) shall include a written order from the student's prescriber that meets the requirements of law.

A written request and permission form signed by a student's parent or guardian, unless the student is allowed to access medical care without parental consent under state law<sup>3</sup>, is required and will be kept on file.

If the student is deemed to have violated Board policy or medical protocol by the district, the district may revoke the permission given to a student to self-administer medication.

Prescription and nonprescription medication will be handled, stored, monitored, disposed of and records maintained in accordance with established district administrative regulations governing the administration of prescription or nonprescription medications to students, including procedures for the disposal of sharps and glass.

A process shall be established by which, upon parent or guardian written request, a back-up prescribed autoinjectable epinephrine is kept at a reasonably, secure location in the student's classroom as provided by state law.

A premeasured dose of epinephrine may be administered by trained, designated personnel to any student or other individual on school premises who the person believes in good faith is experiencing a severe allergic reaction, regardless of whether the student or individual has a prescription for epinephrine.

Naloxone or any similar medication that is in any form available for safe administration and that is designed to rapidly reverse an overdose of an opioid drug may be administered by trained, designated personnel to any student or other individual on school premises who the person believes in good faith is experiencing an overdose of an opioid drug.

This policy shall not prohibit, in any way, the administration of recognized first aid to a student by district employees in accordance with established state law, Board policy and administrative regulation.

A school administrator, teacher or other district employee designated by the school administrator is not liable in a criminal action or for civil damages as a result of the administration in good faith and pursuant to state law, of prescription and/or nonprescription medication.

A school administrator, school nurse, teacher or other district employee designated by the school administrator is not liable in a criminal action or for civil damages as a result of a student's self-

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<sup>2</sup>A registered nurse who is employed by a public or private school, ESD or local public health authority to provide nursing services at a public or private school may accept an order from a physician licensed to practice medicine or osteopathy in another state or territory of the U.S. if the order is related to the care or treatment of a student who has been enrolled at the school for not more than 90 days.

<sup>3</sup>Subject to ORS 109.610, 109.640 and 109.675.

administration of medication, as described in Oregon Revised Statute (ORS) 339.866, if that person in good faith and pursuant to state law, assisted the student in self-administration of the medication,.

A school administrator, school nurse, teacher or other district employee designated by the school administration is not liable in a criminal action or for civil damages as a result of the use of medication if that person in good faith administers autoinjectable epinephrine to a student or other individual with a severe allergy, who is unable to self-administer the medication, regardless of whether the student or individual has a prescription for epinephrine, or administers naloxone or any similar medication that is in any form available for safe administration and that is designed to rapidly reverse an overdose of an opioid drug to a student or other individual who that person believes in good faith is experiencing an overdose of an opioid drug.

The district and the members of the Board are not liable in a criminal action or for civil damages when a as a result of the use of medication if any person in good faith, on school premises, including at a school, on school property under the jurisdiction of the district or at an activity under the jurisdiction of the district, administers autoinjectable epinephrine to a student or other individual, subject to state law with a severe allergy who is unable to self-administer the medication, regardless of whether the student or individual has a prescription for epinephrine, or administers naloxone or any similar medication that is in any form available for safe administration and that is designed to rapidly reverse an overdose of an opioid drug to a student or other individual who the person believes in good faith is experiencing an overdose of an opioid drug.

The superintendent shall develop administrative regulations as needed to meet the requirements of law, and the implementation of this policy.

END OF POLICY

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**Legal Reference(s):**

[ORS 109.610](#)  
[ORS 109.640](#)  
[ORS 109.675](#)  
[ORS 332.107](#)  
[ORS 339.866 - 339.871](#)

[ORS 433.800 - 433.830](#)  
[ORS 475.005 - 475.285](#)  
  
[OAR 166-400-0010\(17\)](#)  
[OAR 166-400-0060\(29\)](#)

[OAR 333-055-0000 -055-0115](#)  
[OAR 581-021-0037](#)  
[OAR 581-022-2220](#)  
[OAR 851-047-0030](#)  
[OAR 851-047-0040](#)

Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g (2018); Family Educational Rights and Privacy, 34 C.F.R. Part 99 (2019).

OREGON HEALTH AUTHORITY AND OREGON DEPARTMENT OF EDUCATION, *Medication Administration: A Manual for School Personnel*.

# Fern Ridge School District 28J

Code: **KLD**  
Adopted: 8/23/99  
Readopted: 5/23/05  
Orig. Code(s): 8622

## **Public Complaints about District Personnel \***

Constructive criticism of the schools is welcome when it is motivated by a sincere desire to improve the quality of the educational program.

The Board places trust in its employees and desires to support their actions in such a manner that employees are freed from unnecessary, spiteful, or negative criticism and complaints.

Whenever a complaint about personnel is made directly to the Board as a whole or to a Board member as an individual, it will be referred to administration for study and possible solutions. The individual employee involved will be advised of the nature of the complaint and given every opportunity for explanation, comment and presentation of the facts as he/she sees them.

If it appears necessary, administration, the person who made the complaint, or the employee involved may request a meeting with the Board for the purpose of study and a decision by this body. Generally all parties involved, including the school administration, will be asked to attend such a meeting for the purposes of presenting additional facts, making further explanations, and clarifying the issues.

The Board will conduct such meetings in as fair and just a manner as possible. The Board may request a disinterested third party to act as mediator to help reach a mutually satisfactory solution.

END OF POLICY

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Legal Reference(s):

[ORS 192.660](#)

[ORS 332.107](#)

[OAR 581-022-1940](#)

February 24, 2025 – Resolution #24-25/04

**FERN RIDGE SCHOOL DISTRICT 28J**  
**88834 Territorial Road**  
**Elmira, OR 97437**  
**RESOLUTION NO. 24-25/04**

**RESOLUTION FOR TEACHER CONTRACT EXTENSIONS**

**WHEREAS**, teachers will be employed pursuant to two-year employment contracts; and

**WHEREAS**, the Superintendent has made a recommendation on each of the below listed teachers; and

**WHEREAS**, any new employment contract that extends the teachers employment for a new term shall replace any prior contracts;

**NOW, THEREFORE, BE IT RESOLVED** by the Board of Directors of Fern Ridge School District No. 28J, Lane County, Oregon, that the following teachers shall be issued individual employment contracts for the 2025-2026 and 2026-2027 school years, pursuant to ORS 342.895:

Best, Kenneth	Greene, Jeff	Lewis, F. Ruth	Peirce, Reine'
Brummett, Ryan	Guill, Mike	Light, Jesse	Prutzman-Snider, Jennifer
Canon, Michael	Hardy, River	Lloyd, Debra	Purkey-Babcock, Cassandra
Carey, Taylor	Harper, Gwen	Markham, Michelle	Schreiber-Hutton, Amy
Chen, Mirka	Hart, Shannon	McCourtney, Jeff	Sinniger, Rachel
Connolly, Gretta	Herbert, Jennie	McGuire, Erika	Skeznick, Elizabeth
Cutsforth, Kasey	Highburger, Bo	McMillan, Brittany	Taylor, Matthew
Davis, Bradley	Hohnstein, Heather	Midwood, Lauren	Thom, Chloe
Edmundson, Thomas	Hood, Paris	Moeller, Kyle	Varozza, Sara
Erwin, Emmy	Humphrey, Kyle	Moeller, Rebecca	Warren, Estin
Fischer, Ashley	James, Nicholas	Monegan, James	Wartenbee, Sarah
Foltz, Ashley	Johnson, Alisa	Nelson, Michelle	Wirth, Courtland
Fuentez, Alyssa	Jones, Donna	Nienhaus, Kailee	Wondra, Patrick
Godfrey, Rose	Kenyon, Wendy	Oxenford, Ann	Wright-Rendon, DesiRae
Greene, Deanna	Lee, Rob	Pebworth, Angela	

**ADOPTED** by the Board this 24<sup>th</sup> day of February 2025, Lane County School District 28J.

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Board of Directors, Chair

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Superintendent

**FERN RIDGE SCHOOL DISTRICT 28J**

**88834 Territorial Road**

**Elmira, OR 97437**

**RESOLUTION NO. 24-25/05**

**RESOLUTION FOR PROBATIONARY TEACHER CONTRACT RENEWALS**

**WHEREAS**, probationary teachers will be employed pursuant to one-year employment contract; and

**WHEREAS**, the Superintendent has made a recommendation on each of the below listed probationary teachers; and

**WHEREAS**, any new employment contract that extends the probationary teacher’s employment for a new term shall replace any prior contracts;

**NOW, THEREFORE, BE IT RESOLVED** by the Board of Directors of Fern Ridge School District No. 28J, Lane County, Oregon, that the following teachers shall be issued individual employment contracts for the 2025-2026 school year, pursuant to ORS 342.895:

1st Year

2<sup>nd</sup> Year

3<sup>rd</sup> Year

Bowden, John  
Cook, Madison  
Doscher, John  
Frazee, Paul  
Jones, Kori  
Maddoux, Brittani  
Metzger, Josh  
Pomada-Correa, Heather  
Raph, Brooke  
Tracer, Katelyn  
White, Erin

Booth, Elizabeth  
Davis, Ralph  
Franklin, Aaron  
Franklin, Arthur  
Gorrell, Shahaley  
Houghtaling, Amara  
Piccolo, Garren  
Roberts, Courtney

**ADOPTED** by the Board this 24<sup>th</sup> day of February 2025, Lane County School District 28J.

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Board of Directors, Chair

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Superintendent

**February 24, 2025 – Resolution #24-25/06**

**FERN RIDGE SCHOOL DISTRICT 28-J**  
**88834 Territorial Road**  
**Elmira, OR 97437**  
**RESOLUTION NO. 24-25/06**

**RESOLUTION FOR TEACHER/ TERMINAL CONTRACT NON-RENEWAL**

**WHEREAS**, these are terminal contracts. These temporary teaching positions are terminal predicated on a terminal contract. The contracts were issued for the 2024-2025 school year only. These employees are non-renewed in these specific positions or portion thereof.

**NOW, THEREFORE, BE IT RESOLVED** by the Board of Directors of Fern Ridge School District No. 28J, Lane County, Oregon, declares these employees are non-renewed in these specific positions or portion thereof.

Cooper, Forrest – Retired/Temporary Teaching Contract 2024-2025  
Guldager, Jon – Retired/Temporary Teaching Contract 2024-2025  
Jones, Mari – Retired/Temporary Teaching Contract 2024-2025  
Marcel, E. Vivianna – Terminal/Temporary Teaching Contract 2024-2025  
Moen-Gay, Teri – Retired/Temporary Teaching Contract 2024-2025

**ADOPTED** by the Board this 24th day of February 2025, Lane County School District 28J.

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Board of Directors, Chair

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Superintendent

**FERN RIDGE SCHOOL DISTRICT 28-J**  
**88834 Territorial Road**  
**Elmira, OR 97437**  
**RESOLUTION NO. 24-25/07**

**RESOLUTION FOR PROBATIONARY ADMINISTRATOR'S CONTRACT  
RENEWALS**

**WHEREAS**, probationary administrators will be employed pursuant to one-year employment contract; and

**WHEREAS**, the Superintendent has made a recommendation on each of the below listed probationary administrators; and

**WHEREAS**, any new employment contract that extends the probationary administrators' employment for a new term shall replace any prior contracts;

**NOW, THEREFORE, BE IT RESOLVED** by the Board of Directors of Fern Ridge School District No. 28J, Lane County, Oregon, that the following administrators shall be issued individual employment contracts for the 2025-2026 school year, pursuant to ORS 342.895:

Dean, Dawn – Principal, Elmira Elementary School (yr 2)  
Perrier, Billie – Principal, Elmira Elementary School (yr 3)  
Vandercar, Cydney – Principal, Elmira High School (yr 3)

**ADOPTED** by the Board this 24<sup>th</sup> day of February 2025, Lane County School District 28J.

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Board of Directors, Chair

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Superintendent

February 24, 2025 – Resolution #24-25/08

**FERN RIDGE SCHOOL DISTRICT 28J**

88834 Territorial Road  
Elmira, OR 97437  
RESOLUTION NO. 24-25/08

**RESOLUTION FOR ADMINISTRATOR’S CONTRACT EXTENSION**

**WHEREAS**, administrators will be employed pursuant to three-year employment contracts; and

**WHEREAS**, the Superintendent has made a recommendation on each of the below listed administrators; and

**WHEREAS**, any new employment contract that extends the administrator’s employment for a new term shall replace any prior contracts;

**NOW, THEREFORE, BE IT RESOLVED** by the Board of Directors of Fern Ridge School District No. 28J, Lane County, Oregon, that the following administrators shall be extended an additional year through 2026-2027 pursuant to ORS 342.845(5)(a):

Carman, Eric – Assistant Principal, Fern Ridge Middle School  
Johnson, Olivia – Principal, Fern Ridge Middle School  
Klingsporn, Rilke – Director of Special Services  
Marshall, Michelle – Director of K12 Programs

**ADOPTED** by the Board this 24<sup>th</sup> day of February 2025, Lane County School District 28J.

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Board of Directors, Chair

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Superintendent

February 24, 2025 – Resolution #24-25/09

**FERN RIDGE SCHOOL DISTRICT 28J**  
**88834 Territorial Road**  
**Elmira, OR 97437**  
**RESOLUTION NO. 24-25/09**

**RESOLUTION FOR ADMINISTRATOR’S THREE-YEAR CONTRACT EXTENSION**

**WHEREAS**, administrators will be employed pursuant to three-year employment contracts; and

**WHEREAS**, the Superintendent has made a recommendation on each of the below listed administrators; and

**WHEREAS**, any new employment contract that extends the administrator’s employment for a new term shall replace any prior contracts;

**NOW, THEREFORE, BE IT RESOLVED** by the Board of Directors of Fern Ridge School District No. 28J, Lane County, Oregon, that the following administrators shall be issued individual employment contracts for the 2025-2026, 2026-2027, 2027-2028 school years, pursuant to ORS 342.845(5)(a):

Smith, Joel – Assistant Principal, Elmira High School

**ADOPTED** by the Board this 24<sup>th</sup> day of February 2025, Lane County School District 28J.

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Board of Directors, Chair

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Superintendent



## Fern Ridge School District 28J

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Gary E. Carpenter Jr.  
Superintendent

88834 Territorial Road, Elmira, OR 97437  
Phone: (541) 935-2253  
Fax: (541) 935-8222

### **Classified/Confidential/Manager/Coach Employees Resignations/New Hires/Transfers/Other Report** February 24, 2025

#### Resignations/Retirements

1. None at this time.

#### New Hires/Transfers

1. Hiring of Brandon Gailey, Temporary 5.25 Instructional Assistant at Elmira High School, effective February 21, 2025.

#### Other

1. None at this time.

#### Coaches

1. Hiring of Lily Morales, Assistant Track/Field Throws Coach 24-25 at Elmira High School, effective March 3, 2025.
2. Hiring of Brandon Gailey, Assistant Track/Field Sprints Coach 24-25 at Elmira High School, effective March 3, 2025.