

# Clatskanie School District 6J

Code: GCBDD/GDBDD  
Adopted: 5/11/20  
Orig. Code(s): GCBDD/GDBDD

## Oregon Sick Time

“Employee” means an individual who is employed by the district and who is paid on an hourly, stipend or salary basis, and for whom withholding is required under Oregon Revised Statute (ORS) 316.162-316.221 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 A district employes employing 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.

The employee may carry up to 40 hours of unused sick time from one year to the subsequent year. <sup>1</sup>An employee is limited to accruing no more than 80 hours of sick time and 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>2</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 the Family Medical Leave Act (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.

The district reserves the right, after an employee uses sick time for more than five consecutive scheduled workdays, to require verification proof of personal illness or certification in accordance with law of the need for the sick time injury from an employee, including a medical verification or

<sup>1</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.

<sup>2</sup> “Family member” is defined in OAR 839-007-0000 by the Oregon Family Leave Act (OFLA).

The following has been provided by the employee to certify the need for the requested leave:

- A copy of a report from law enforcement indicating myself that the eligible employee or my the eligible employee's minor child or dependent is was a victim or alleged victim of domestic violence, harassment, sexual assault, bias, or stalking.
- A copy of a protective order or or any other order that restrains an individual from contact with an eligible employee or the employee's minor child or dependent, evidence from a court, administrative agency or attorney that I or my minor child or dependent the eligible employee appeared in or is preparing for a civil or criminal administrative proceeding related to domestic violence, harassment, sexual assault, bias, or stalking or other order authorized by ORS 30.866, 107.095(1)(e), 107.700-107.735, 124.005-124.040 or 163.730-163.750.
- Documentation from an attorney, law enforcement officer, health care professional, licensed mental health professional or counselor, member of the clergy, employee of the Department of Justice division providing victim and survivor services or victim services provider that I with or my from whom the eligible employee or the eligible employee's minor child or dependent is receiving services.

I understand I may that the district requires me to use any accrued paid leave, including sick leave, vacation, personal leave days or any other paid leave that is offered time established by the district Board policy(ies) and/or collective bargaining agreement in the order specified by the district.

If my request for a leave is approved, I understand 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. I understand if I am unable to return to work following the period of authorized leave, I will notify the district my employer as soon as practical and provide any required information which will allow the district my employer to determine my eligibility for an extension of leave.

I authorize the district to deduct from my paychecks or seek to recover any amounts paid employee contributions for health insurance coverage by the district on my behalf premiums, life insurance or long term disability insurance which remain unpaid after my leave, consistent with state law.

Signature of employee Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Corrected 12/16/24

certification<sup>3</sup> examination by a physician chosen and paid for by the district. If an employee fails refusing to provide verification or certification or fails submit to such an examination or 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, the sick time leave and qualifying the FMLA, PFMLI or /OFLA leave may run concurrently.

When the reason for sick time is consistent with ORS 332.507, the 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 may require the employee to provide advance notice of their intention to use sick time within 10 days prior to when of the requested sick time is to begin, or as soon as otherwise practicable. When an the 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 consistent with the reporting time established by the district or when circumstances prevent the employee from providing notice as required, 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).

Corrected 11/21/24; Corrected 12/16/24

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<sup>3</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.

