

45 Enrollment – The time period during which Oregon Tech employees sign up for benefits. As used
46 in these procedures, references to open enrollment refer to SLP open enrollment. However, the SLP
47 open enrollment is the same as open enrollment for benefits to avoid confusion.

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49 Qualifying Event – An illness, injury, disability, disability period, or quarantine that incapacitates an
50 employee for ten (10) or more consecutive working days resulting in an exhaustion of all accrued
51 leave.

52 Short Term Disability (Sacl0 E e0u48]TJ 2Td [(8ps)Tj 9e4TJ 0 Tc 0 Tw (-)Tj ()Tj 0.0012 (n)(one o

*OT-AAUP reserves the right to add to, modify, or amend proposals during the course of negotiations.

- 91 5. SLP Committee Activated. CHRO, or designee, activates the SLP Committee. For privacy
92 purposes, the medical documentation will not be provided to the SLP Committee, only the SLP
93 Application with the applicant's name redacted. The SLP Committee will only be activated and
94 receive applications when the medical documentation has already been reviewed and accepted by the
95 CHRO, or designee.
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97 6. SLP Recommendation. The SLP Committee meets to discuss the application and request being
98 made. They will decide to grant, deny, or partially grant the request.
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100 7. Decision. The CHRO notifies the SLP applicant of the outcome. If the request is granted or

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140 a. Be a current unclassified staff or faculty member of Oregon Tech and be enrolled in the SLP. Like
141 STD and LTD, enrollment must occur during any enrollment period, not at the time of need.

142 b. Suffer a Qualifying Event, wherein the enrolled employee, or an immediate family member,
143 experiences an illness, injury, disability, disability period, or quarantine that incapacitates an
144 employee for ten (10) or more consecutive working days resulting in an exhaustion of all accrued
145 leave.

c. Have exhausted

144 ec. Have

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209 APPENDIX XX: SICK LEAVE POOL Enrollment Form

210 ARTICLE [x]. SICK LEAVE POOL

211 DONATED AMOUNT INTO SICK LEAVE POOL

212 Employee Name: Date of Request:

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232 APPENDIX XX: SICK LEAVE POOL Request for Benefit Form

233 ARTICLE [x]. SICK LEAVE POOL

234 REQUEST FOR BENEFIT FORM

235 Employee Name: _____ Date of Request: _____

236 Department: _____ Position: _____

237 Email: _____ Phone Number _____

238 I hereby request _____ hours of sick leave benefits from the Sick Leave Pool
239 for the following reason (check one):

240 _____ . Parental Leave: during the year following the birth of a child or
241 adoption or foster placement of a child under 18, or a child 18 or older if incapacitated or self
242 because of mental or physical ability; includes leave to effectuate the legal process required for
foster placement or adoption.

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