



FAMILY AND MEDICAL LEAVE REQUEST FORM

PART I – EMPLOYEE INFORMATION

NAME: _____ V# _____

Title/Department: _____

I request a leave of absence under the Family and Medical Leave Act (FMLA) and/or under the Oregon Family Leave Act (OFLA) beginning on _____ and ending on _____.

PART II – REASON FOR LEAVE (Check all that apply)

- Your serious health condition. *Medical Certification Form* Required. **(FMLA/OFLA)**
- Family member (legal spouse, child, parent (not parent in-law) with serious health condition*. *Medical Certification Form* Required. **(FMLA/OFLA)**
- Parent-in-law with a serious health condition*. *Medical Certification Form* Required. **(OFLA)**
- Pregnancy (includes prenatal care, childbirth, and recovery.) *Medical Certification Form* Required. **(FMLA/OFLA)**
- Parental Leave. **(FMLA/OFLA)**
- Placement/adoption of child. **(FMLA/OFLA)**
- Care for your adult child, same sex domestic partner, parent of same sex domestic partner, minor or disabled child of same sex domestic partner, who has serious health condition.* *Medical Certification Form* Required. **(OFLA)**
- Care for your son, daughter, spouse, or next of kin, who is a covered service member who is seriously injured or ill. *Medical Certification Form* Required. **(FMLA)**
- Care for a grandparent or grandchild who has a serious health condition.* *Medical Certification Form* Required. **(OFLA)**
- Care for a minor child with an illness or injury that isn't a serious health condition but requires home care. *Medical Certification Form* may be Required. **(OFLA)**
- Other reason: _____

Are you requesting intermittent or reduced hours? Yes, or No
If yes, department, division, and/or dean approval is required. Attach approved schedule.

PART III – APPROVAL OF REQUEST

Employee Signature

Date

Supervisor Signature

Date

Human Resources Signature

Date

ELIGIBILITY RULES

If counted leave qualifies under both the FMLA and OFLA, or the FMLA and contractual benefit provision, its use is counted against both entitlements.

Family and Medical Leave Act (FMLA)

Maximum Leave: 12 weeks in a 12-month period (12 consecutive weeks for foster care, adoption, or care for a newborn child.)

Eligibility

- You must have been employed by the Oregon University System (OUS) for a total of 12 months (need not be consecutive service time)
- AND**
- During your last 12 months of employment prior to the leave request, you must have worked or been paid for at least 1250 hours (classified employees only).
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Oregon Family Leave Law (OFLA)

Maximum Leave: 12 weeks in a 12-month period.

Eligibility

- Employed at least 180 days prior to the leave request.
- AND**
- Must work an average of 25 hours or more per week (seasonal and temporaries hire for less than six months are not eligible).
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* FMLA DEFINITIONS

1. **Inpatient care** (hospitalization).
2. **Absence from work for more than 3 calendar days that involves continuous treatment of a health care provider (2 or more treatments required).** Examples include heart attacks, heart conditions requiring heart bypass or valve operations, most cancers, back conditions requiring extensive therapy or surgical procedures, strokes, severe respiratory conditions, spinal injuries, appendicitis, pneumonia, emphysema, severe arthritis, severe nervous disorders, injuries caused by serious accidents on or off the job, ongoing pregnancy, severe morning sickness, the need for prenatal care, childbirth and recovery from childbirth.
3. **Absence for a chronic or long-term health care condition that is incurable or so serious, that if untreated would likely result in a period of incapacity of more than 3 calendar days.** You or your family member, are under the continuing supervision of a health care provider. Included could be absences to receive treatment for early stage cancer, to receive physical therapy after a hospital stay or because of severe arthritis. Treatment of substance abuse may also be included when in an inpatient treatment facility is required.