

FAMILY LEAVE TRACKING FORM

1 OFLA	2 OFLA	3 OFLA	4 OFLA	5 OFLA	6 OFLA	7 OFLA	8 OFLA	9 OMFL	10 FMLA	11 FMLA	12 FMLA	13 FMLA	14 FMLA	15 FMLA
Date:	Serious Health Condition of the Employee	Pregnancy Disabilities	Serious Health Condition of the Spouse, Parent, or Child	*Serious Health Condition of the Parent-in-law, Same-gender Domestic Partner, Parent or Child of Same-gender Domestic Partner	*Serious Health Condition of the Grandparent or Grandchild	Birth, Adoption, Foster Care	*Non-Serious Illness of a Child	Oregon Military Family Leave (14-days)	Date:	Serious Health Condition of the Employee	Serious Health Condition of the Spouse, Parent, or Child	Birth, Adoption, Foster Care	Qualifying Exigency	Serious Injury or Illness of a Service-member/ Veteran
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21									21					
22									22					

*These leave categories qualify as OFLA leave only.