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Portland, Oregon 97201 www.pdx.edu/hr

FMLA/ OFLA Leave Request Form

| | | | |
|---|--------------------------|--|--------------------------------|
| PSU ID Number | Last Name | First Name | Middle Name |
| | | | |
| Street/ PO Box <input type="checkbox"/> New ? | City | State | Zip Code |
| | | | |
| Primary Phone Number | Home Phone Number | Email Address <input type="checkbox"/> New ? | Employee Classification |
| | | | |

Starting and Return-to-Work Dates

| | | |
|---|-------------|-------------|
| I request leave from official duty beginning on: | Date | Time |
| | | |
| I expect to return to work on: | Date | Time |
| | | |
| Total number of leave hours: | | |

Reason(s) for FMLA Leave

| | | | |
|--|---|--------------------------|--|
| To qualify: you must have worked at least 12 months with a total of 1250 hours worked in the previous 12 months. (check all that apply) | | | |
| <input type="checkbox"/> | Serious Health Condition | <input type="checkbox"/> | Parental Leave Care for a newborn child, or placement/adoption/foster care of child. |
| <input type="checkbox"/> | Serious Health Condition Pregnancy (includes prenatal care, childbirth, recover from childbirth). | <input type="checkbox"/> | Qualifying Exigency Leave Leave to tend to exigencies resulting from your spouse, parent or child being called into federal active duty. |
| <input type="checkbox"/> | Serious Health Condition Family member with serious health condition (parent, child under age 18, spouse, includes spouse's pregnancy). | <input type="checkbox"/> | Military Caregiver Leave Leave to care for your husband or wife, parent, child or next of kin, who is a covered service member with a serious injury or illness incurred in the line of duty on federal active duty. |

OFLA/ OVCCLA Leave

| | | | |
|---|--|--------------------------|--|
| To qualify: you must have worked at least days 180 calendar days (approx. 6 months) preceding the date leave begins and have worked an average of 25 hours or more per week during that period unless the leave is for pregnancy or care for a newborn. (check all that apply) | | | |
| <input type="checkbox"/> | Serious Health Condition | <input type="checkbox"/> | Parental Leave Care for a newborn child or Placement/adoption/foster care of child. |
| <input type="checkbox"/> | Serious Health Condition Family member with serious health condition (parent, parent-in-law, child, spouse, same-sex domestic partner and parent or child of same-sex domestic partner, grandchild and grandparent). | <input type="checkbox"/> | Sick Child Leave Care for employee's child with an illness, injury or condition that is not a serious health condition but requires home care. |
| <input type="checkbox"/> | Serious Health Condition Pregnancy (includes prenatal care, childbirth, and recovery from childbirth or complications). | <input type="checkbox"/> | Domestic Violence Leave (Victims of Certain Crimes Leave Act (OVCCLA). |

Leave Category Request

| | | | | | | | |
|--------------------------|--|------|--|----|-------------------------------|--------------------------------|--|
| <input type="checkbox"/> | In a block of time from | date | | to | date | | |
| <input type="checkbox"/> | Intermittently, you will be absent approximately | | | | <input type="checkbox"/> days | <input type="checkbox"/> hours | per <input type="checkbox"/> week <input type="checkbox"/> month |
| <input type="checkbox"/> | On a reduced schedule from | date | | to | date | | <input type="checkbox"/> FTE reduction Requested |

Leave Allocation

| | Sick Leave | Vacation Leave | Personal Leave | Compensatory |
|---------------------|-----------------|---|-----------------|-----------------------------|
| Classified | Required to use | Required to use except, may retain up to 40 hours; if retained, hardship donations cannot be requested. | Required to use | Employee may choose to use. |
| Unclassified | Required to use | Employee may choose to use. | N/A | N/A |

| |
|--|
| Special leave use instructions |
| |

Employee Signature

| | | | |
|-----------|--|------|--|
| Signature | | Date | |
|-----------|--|------|--|

Approvals

Department: Return a signed copy to employee. Original form goes to the Leaves Manager in the Office of Human Resources for Federal Record Keeping requirements and HR approval. **HR approval is subject to receipt of the applicable certification form.**

| | | |
|---|-------------------------------|---------------------------------|
| Employee Job Title (to be completed by manager) | Full time or Part time | Classified/ Unclassified |
| | | |

| | | |
|--|-------------------|-------------|
| Manager Signature (acknowledges request) | Department | Date |
| | | |

| | | |
|---|---------------------|--------------------------------|
| Manager Printed Name (please print legibly) | Phone Number | Manager's Email Address |
| | | |

| | | |
|--|--------------|-------------|
| HR Representative Signature (indicates approval) | Title | Date |
| | | |



Oregon FAMILY LEAVE ACT

NOTICE TO EMPLOYERS AND EMPLOYEES

The Oregon Family Leave Act, passed by the 1995 Legislature, requires employers of 25 or more employees to provide their workers with job protected leave to care for themselves or family members in cases of illness, injury, childbirth and adoption.

When Can an Employee Take Family Leave?

Employees can take family leave for the following reasons:

- ▶ **Parental Leave** during the year following the birth of a child or adoption or foster placement of a child under 18, or a child 18 or older if incapable of self-care because of a mental or physical disability. Parental leave includes leave to effectuate the legal process required for foster placement or adoption.
- ▶ **Serious health condition leave** for the employee's own serious health condition, or to care for a spouse, parent, child, parent-in-law, grandparent, grandchild or same gender domestic partner with a serious health condition. NOTE: Does not include an employee unable to work due to a compensable Workers Compensation injury.
- ▶ **Pregnancy disability leave** (a form of serious health condition leave) taken by a female employee for an incapacity related to pregnancy or childbirth, occurring before or after the birth of the child, or for prenatal care.
- ▶ **Sick child leave** taken to care for an employee's child with an illness or injury that requires home care but is not a serious health condition.
- ▶ **Oregon Military Family Leave** is taken by the spouse or same gender domestic partner of a service member who has been called to active duty or notified of an impending call to active duty or is on leave from active duty during a period of military conflict.

Who is Eligible?

- ▶ To be eligible for leave, workers must be employed for the 180 day calendar period immediately preceding the leave and have worked at least an average of 25 hours per week during the 180-day period.
Exception 1: For parental leave, workers are eligible after being employed for 180 calendar days, without regard to the number of hours worked.
Exception 2: For Oregon Military Family Leave, eligible workers must work for an employer an average of at least 20 hours per week.

How Much Leave Can an Employee Take?

- ▶ Employees are generally entitled to a maximum of 12 weeks of family leave within the employer's 12-month leave year.
- ▶ A woman using pregnancy disability leave is entitled to 12 additional weeks of leave in the same leave year for any qualifying OFLA purpose.
- ▶ A man or woman using a full 12 weeks of parental leave is entitled to take up to 12 additional weeks for the purpose of sick child leave.
- ▶ A spouse or same gender domestic partner of a service member is entitled to a total of 14 days of unpaid leave per deployment after the military spouse has been notified of an impending call or order to active duty and before deployment and when the military spouse is on leave from deployment.

What Notice Is Required?

- ▶ Employees are required to give 30 days notice in advance of leave, unless the leave is taken for an emergency. Employers may require that notice is given in writing. In an emergency, employees must give verbal notice within 24 hours of starting a leave.

Is Family Leave Paid or Unpaid?

- ▶ Although Family Leave is unpaid, employees are entitled to use any accrued paid vacation, sick or other paid leave.

How is an Employee's Job Protected During a Leave?

- ▶ Employers must return employees to their former jobs or to equivalent jobs if the former position no longer exists. However, employees on OFLA leave are still subject to nondiscriminatory employment actions such as layoff or discipline that would have been taken without regard to the employee's leave.

for Additional Information:

| | | |
|---|--------------------------------------|--------------------------------|
| <i>Call the nearest office of the Bureau of Labor & Industries:</i> | | <i>Or Write:</i> |
| Eugene541-686-7623 | Portland971-673-0761 | Bureau of Labor and Industries |
| Salem503-378-3292 | | Civil Rights Division |
| | | 800 NE Oregon, Ste. 1045 |
| Web Site: www.oregon.gov/boli | Employer Assistance.....971-673-0824 | Portland, Oregon 97232 |

Eligible employees who have been denied leave, disciplined or retaliated against for requesting or taking leave, or have been denied reinstatement to the same or equivalent position when they returned from a leave or requested leave may file a complaint with the Bureau of Labor & Industries, Civil Rights Division.

This is a summary of Oregon's laws relating to Family Leave Act. It is not a complete text of the law.

March 2010

THIS INFORMATION MUST BE POSTED IN A CONSPICUOUS LOCATION

EMPLOYEE RIGHTS AND RESPONSIBILITIES **UNDER THE FAMILY AND MEDICAL LEAVE ACT**

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.



For additional information:
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627
WWW.WAGEHOUR.DOL.GOV

