

Employee Services  
 155 Cottage Street  
 Salem, OR 97301  
 (503) 378-3622  
 (503) 378-6879 fax

**INSTRUCTIONS TO EMPLOYEES:**

This form must be returned to Employee Services on completion.

For more information refer to the following:

Locate this form and the Employee Information Packet on the Web at:  
[http://oregon.gov/DAS/OP/ES/FMLA\\_OFILA.shtml](http://oregon.gov/DAS/OP/ES/FMLA_OFILA.shtml)

[State HR Policy 60.000.15 Family and Medical Leave](#)

[DAS PROC-04-020](#)

SEIU CBA Article 56(Sec 9)

**Family and Medical Leave of Absence Request Form**

Name: \_\_\_\_\_  Exec/Mgt Service  
 Classified Unrep  
 Classified Rep

I request leave of absence from: \_\_\_\_\_ to \_\_\_\_\_

RDC: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

**REQUEST FOR LEAVE**

- Your serious health condition - Doctor's statement for verification may be required (Federal & Oregon Law)
- Family member (son/daughter, parent {includes adoptive, foster or step-parent}, spouse) with serious health condition - Doctor's statement for verification may be required. (Federal Law)
- Family member (son/daughter, parent {includes adoptive, foster or step-parent}, parent-in-law, spouse, or same sex domestic partner) with serious health condition - Doctor's statement for verification may be required. (Oregon Law)
- Pregnancy (includes prenatal care, childbirth & recovery) - Doctor's statement for verification may be required. (Federal & Oregon Law)
- Care for a newborn child. (Federal & Oregon Law) -Estimated date of birth: \_\_\_\_\_  
 Is the child's other parent also requesting time off?  No  Yes - If yes, indicate other parent's place of employment: \_\_\_\_\_
- Placement / adoption of child – Child's age:  Under 18 years  Over 18 years  
 Is the child's other parent also requesting time off? Yes  No   
 If yes, indicate other parent's place of employment: \_\_\_\_\_
- Care for a sick child suffering from a non-serious illness or injury requiring at-home care. (Oregon Law) Is the child's other parent, or other family relative, available and able to care for the child? \_\_\_ Yes \_\_\_ No

You are required to use available paid leave (with the exception of compensatory time) while on FMLA/OFLA before using leave without pay. The agency counts all paid and unpaid leave used during FMLA/OFLA leave toward your FMLA/OFLA entitlement with the following exceptions: *(Please indicate the exceptions that apply.)*

**EXCEPTION 1: ALL** - You may choose *(in advance)* to use compensatory time while on FMLA/OFLA leave. If you wish to use your compensatory time, please indicate your choice now. I wish to use Comp time -  Yes  No  
 (Contact DAS Payroll with any questions related to using Comp Time.)

**EXCEPTION 2: ALL** - If you will be receiving payments from your disability insurance, you are not required to use your paid leave, except as required by the disability insurance contract. I will be receiving disability payments. *(Check one)* Yes  No

**EXCEPTION 3: Management and Unrepresented:** You may reserve up to 40 hours of sick leave, vacation or a combination of both. (Does not apply to reduced or intermittent leave) Designation to save leave must be made in advance. If you want to reserve leave, how many hours (up to 40) would you like to save? \_\_\_ SL \_\_\_ VA

**EXCEPTION 4: SEIU/OPEU Represented:** You can elect to save up to a maximum 40 hours of your vacation as long as your combined total of compensatory and vacation hours do not exceed 40 hours. Designation to reserve leave must be made to DAS Employee Services in writing within five (5) business days of the beginning of the qualifying leave. If you want to reserve leave, how many hours (up to 40) would you like to save? \_\_\_\_\_

\_\_\_\_\_  
 Employee Signature Date