



EMPLOYEE LEAVE REQUEST

- ♦ Employees subject to FLSA shall complete this form **before** leave is taken and **ensure leave has been approved.**
- ♦ **In the event of an unplanned absence, the employee shall complete the form immediately upon return to duty.**
- ♦ FLSA-exempt employees shall complete this form only for absences which are or may be FMLA/OFLA qualifying (see reverse for qualifying criteria).

Last Name (please print)

First

M.I.

Functional Unit / Institution: _____

☐ Management Service ☐ Executive Service ☐ Represented (Name of Labor Organization) _____

I request _____ hours (total) leave from official duty for the following reason(s): _____

BEGINNING on _____ at _____ ☐ AM ☐ PM ENDING on _____ at _____ ☐ AM ☐ PM
(Date) (Hour) (Check AM/PM) (Date) (Hour) (Check AM/PM)

I request that my leave be charged as follows: (Please indicate the number of hours for each type of leave requested in the space provided.)

Vacation _____ Sick Leave _____ Personal Leave _____ Comp Time _____ Military Leave _____

Leave Without Pay _____ Bereavement Leave (Relationship) _____ Other _____
(Specify Type of Other Leave)

If this leave is to care for a **SERIOUS HEALTH CONDITION** or a **SICK CHILD**, or for **PARENTAL LEAVE**, check the appropriate spaces in the boxed area below: (See reverse for explanation of a serious health condition and FMLA/OFLA leave.)

→ You must give 30 days advance notice unless an emergency exists.

- ☐ Your serious health condition (see definition on back) FMLA, OFLA
- ☐ Family member (son/daughter, parent, legal spouse) with a serious health condition (see definition on back)..... FMLA, OFLA
- ☐ Parent-in-law, grandparent, grandchild or same-sex domestic partner with a serious health condition (see definition on back) OFLA
- ☐ Sick child who does not have a serious health condition, but requires home care OFLA
- ☐ Pregnancy (includes prenatal care, childbirth, and recovery) FMLA, OFLA
- ☐ Care for a newborn, newly adopted, or newly placed foster child under age 18, unless incapable of self-care due to disability.....FMLA, OFLA.

Is this a previously approved FMLA/OFLA qualifying condition? ☐ Yes ☐ No

Do you have a spouse who works for the State of Oregon who is also requesting time off? ☐ Yes ☐ No

If yes, name of spouse and Agency where employed. _____

If approved for FMLA/OFLA, you must attempt to schedule leave to be as least disruptive to the employer.

Medical certification and/or fitness-for-duty certification may be required. (For sick child leave, medical certification may be required after three days of leave.)

FMLA/OFLA Coordinators approve FMLA/OFLA Leave.

Supervisor signature does not guarantee FMLA/OFLA approval.

Employee Signature

Date

Supervisor Signature

Date

☐ APPROVED ☐ NOT APPROVED

Approval is contingent on staff having adequate leave accrual.

Section Head Signature

Date

Reason, if not approved: _____

Staff Deployment Notes: _____ Updated: _____

ATTENTION Supervisors/Managers: If the leave checked above is included in the boxed area, please **immediately** forward a copy of this leave request form to your assigned FMLA/OFLA Coordinator. The leave may qualify as FMLA leave which means the employee's medical-dental insurance may be paid while on leave without pay and the leave will be counted as part of the 12 weeks of FMLA leave eligibility.

A serious health condition under the FMLA means an illness, injury, impairment, or physical or mental condition that includes at least one of the following:

- **Inpatient care** in a hospital, hospice or residential medical-care facility, including any period of incapacity, or any subsequent treatment in connection with such inpatient care; OR
- **Continuing treatment** by a health care provider which includes one of the following:
 - Incapacity due to a serious health condition lasting more than three (3) consecutive calendar days; and subsequent treatment or incapacity relating to the same condition which includes either two or more treatments administered or supervised by a health care provider, or at least one treatment with a continuing regimen of treatment;
 - Incapacity due to pregnancy or absence for prenatal care;
 - Incapacity or treatment thereof due to a chronic serious health condition, which requires periodic treatment by a health care provider and continues over an extended period. (Incapacity may be episodic versus continuous, e.g., asthma, diabetes, epilepsy, etc.),
 - Incapacity which is permanent or long-term due to a condition for which treatment is not effective (e.g.; severe stroke, Alzheimer's, or the terminal stages of a disease); **OR**
 - Absence to receive multiple treatments from a health care provider for restorative surgery and recovery therefrom, following an injury or accident, or for a condition that would likely cause incapacity for at least three consecutive days if left untreated (e.g. chemotherapy or radiation for cancer, physical therapy for arthritis, and dialysis for kidney diseases.)

Incapacity means inability to work or perform other daily activities due to treatment or recovery from a serious health condition.

Purpose of Leave: To care for your own serious health condition; a family member's serious health condition; or following the birth, adoption or foster placement of a child under age 18, unless incapable of self-care due to disability.

Eligibility for Leave: You must have at least 12 months of employment with the State of Oregon (need not be consecutive service); during your last 12 months of employment prior to the leave request, you must have worked for at least 1,250 hours; AND leave must be for a qualifying event.

Maximum Leave: 12 weeks in a 12-month period. (If the State of Oregon employs both parents, their combined parental leave is limited to the 12 weeks.)

A serious health condition under OFLA means one of the following:

- An illness, injury, impairment or physical or mental condition that requires inpatient care in a hospital, hospice or residential medical care facility;
- An illness, disease or condition that poses imminent danger of death, is terminal with a reasonable possibility of death in the near future, or requires constant care; OR
- Disability due to pregnancy or absence for prenatal care.

Purpose of Leave: Parental Leave: To care for your newborn, newly adopted or newly placed foster child who is under the age of 18, unless incapable of self-care due to disability; Serious Health Condition Leave: To care for your own serious health condition if it prevents you from performing at least one essential function of your job, or to care for a family member's serious health condition; Sick Child Leave: To care for your own child due to an illness, injury or condition that is not a serious health condition, but requires home care.

Eligibility for Leave: For parental leave you must have been employed for at least the 180 days immediately preceding the start date of the leave; for all other leave you must also have worked an average of at least 25 hours per week during the 180 days; AND leave must be for a qualifying event.

Maximum Leave: 12 weeks in a one-year period. An additional 12 weeks is available for a disabling illness, injury or condition related to pregnancy or childbirth. An employee who takes the full 12 weeks of Parental Leave may also take 12 weeks of Sick Child Leave.

Medical certification may be required for leave due to a medical condition. Medical certification of fitness for duty may be required upon an employee's return from FMLA due to his/her own serious health condition.

If leave qualifies under the FMLA, OFLA, and/or contractual benefit provisions, its use is counted against applicable entitlements.

Employees may be required to exhaust all accrued leave in accordance with collective bargaining agreements and personnel policies prior to being placed on leave without pay during FMLA/OFLA leave.