



REQUEST FOR MEDICAL AND FAMILY LEAVE

This form is used for the purpose of requesting Family and Medical Leave Act (FMLA), Oregon Family Leave Act (OFLA), Medical, and Parental Leave

Employee _____ L# _____

Contact Phone Number (while on leave) _____ Date of Request _____

Date(s) of Leave

Single Day(s): _____
Date Date Date

Continuous Leave: _____ to _____
First Day of Leave Return to Work Date

Intermittent Leave: _____ to _____
First Day of Leave Return to Work Date

*Partial Reduction in ☐ FTE ☐ Hours per day ☐ Hours per week _____ to _____
From To
*reduction may be paid or unpaid, depending upon paid leave balance(s)

I am requesting the following leave:

- ☐ **MEDICAL (Employee Only):** To recover from or seek treatment for a serious health condition. This includes a pregnancy-related disability or period of absence. (FMLA and OFLA leave) Work Related ☐ Yes ☐ No
Note: The Health Care Provider Certification form must be submitted to Human Resources prior to this leave being approved. If it is a work related medical leave, a completed Employee Accident/Incident Report form and Saif 801 form need to be submitted to Human Resources.
- ☐ **FAMILY MEMBER WITH A SERIOUS HEALTH CONDITION.** (FMLA and OFLA leave) Identify relationship, as defined or recognized under State law (**Note: The Health Care Provider Certification form must be submitted to Human Resources prior to this leave being approved.**):
- | | | |
|---|---|--|
| <input type="checkbox"/> spouse | <input type="checkbox"/> parent | <input type="checkbox"/> child (age _____) |
| <input type="checkbox"/> domestic partner | <input type="checkbox"/> parent of spouse | <input type="checkbox"/> child of domestic partner (age _____) |
| <input type="checkbox"/> grandparent | <input type="checkbox"/> parent of domestic partner | <input type="checkbox"/> grandchild (age _____) |
- ☐ **PARENTAL:** To care for a newborn, newly adopted, or newly placed foster child. (FMLA and OFLA leave)
- ☐ **SICK CHILD LEAVE FOR A NON-SERIOUS HEALTH CONDITION:** To care for my child who is suffering from an illness or injury which requires home care but is not a serious health condition. (OFLA leave)
- ☐ **MILITARY LEAVE:** Extended service with the armed forces of the United States. (FMLA and OFLA leave)
- ☐ **MILITARY CAREGIVER LEAVE:** To care for a son, daughter, spouse, parent, or next of kin who is in the military on active duty and is injured or ill as a result of active duty. (FMLA and OFLA leave)
- ☐ **QUALIFYING EXIGENCY UNDER MILITARY LEAVE:** Related to military service for short notice deployment, military events and activities related to deployment, to arrange for alternate childcare, financial and legal arrangements related to deployment, counseling, rest and recuperation (up to five days to spend with a service member), and post deployment activities sponsored by the Military. (FMLA and OFLA leave)

By signing below, I, the employee, fully understand the impact that this leave may have on my salary and benefit eligibility, including PERS, and that all approvals of this request are conditional pending certification by the Chief Human Resource Officer. Furthermore, I understand that this leave will be applied, as allowable under law, concurrently to my FMLA and OFLA protected leave entitlement.

Employee Signature

Signature Date

I recommend this request be ☐ Approved ☐ Denied

Comments _____

Manager/Dean Signature

Signature Date

Human Resources Use Only

The leave requested above is ☐ Approved ☐ Denied

Supporting Documentation Received in HR ☐

Comments _____

Chief Human Resource Officer

Signature Date