Lane Community College

Oregon Family Leave Act
Sick Child Leave Notification

This form is to be completed by the employee.
Information sought on this form relates only to the condition for which the employee is taking leave.

Employee Name: _____ L# _____

Child's Name (under 18 years of age): _____

Please provide a brief description of the illness or injury requiring home care _____

_____

_____

_____

Please provide the date and hours you are claiming as "Sick Child Leave" for the applicable pay period:

Date	Hours
Total Hours	

Notice: Routine medical and dental appointments, school closures and/or absent care provider do not qualify for "Sick Child Leave".

I acknowledge that by submitting this form I am authorizing Human Resources to apply the total hours listed above toward my annual twelve (12) week entitlement of Oregon Family Leave Act "Sick Child Leave".

Furthermore, I acknowledge that I am aware that Family and Medical Leave Act (FMLA) has no provision allowing an employee time off to care for a sick child with an illness that is not a serious health condition. Therefore, I understand sick child leave is counted as OFLA only and will not deplete any allowance I may be entitled to under FMLA..

To the best of my knowledge, the information provided on this form is complete and true, and I understand that falsification by me may result in disciplinary action.

_____ _____

Employee Signature Date Signed

Please return this form to Lane Community College Human Resources Dept.