

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

E-mail:
DASemployeeservices.apps@das.state.or

Web site:
<http://oregon.gov/DAS/OP/EmployeeServices.shtml>

INSTRUCTIONS TO EMPLOYEES:

This form must be returned to Employee Services on completion.

Locate this form on the Web at:
http://oregon.gov/DAS/OP/ES/FMLA_OFLA.shtml

Family and Medical Leave of Absence Request Form

Name: _____

- Exec/Mgt Service
- Classified Unrep
- Classified Rep

I request leave of absence from: _____ to _____

Division/Section _____ Supervisor: _____

REQUEST FOR LEAVE

- Your serious health condition - Doctor's statement for verification may be required - federal Law and Oregon Law - Fitness for duty certification from doctor required upon return.
- 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 and Oregon Law
- Care for a newborn child - Federal and 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 - Federal and Oregon Law
 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 which requires 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
- Does your reason for leave require a modified / reduced work schedule? ___ Yes ___No
- If yes, you must attempt to schedule leave to be the least disruptive to the operating needs of the agency.

You are required to exhaust all accrued leave (except compensatory time) while on leave of absence under the Federal FMLA and/or State OFLA. The use of your accrued leave begins on the first day of your leave of absence. If you are eligible to reserve leave under one or more of the categories below, **you must notify the agency in advance of your leave**, which leave type and how much you wish to reserve. Notify the agency if you are receiving disability payments during your absence.

EXCEPTION 1: Management and Unrepresented: You may elect to reserve up to 40 hours of sick leave, vacation or a combination of both. (Does not apply to reduced or intermittent leave) Please check one: I wish all my leave to be used ___Yes ___No.

If no, how many hours (up to 40) would you like saved? _____

If you will be receiving Short Term Disability payments you may only elect to save up to 40 hours of sick leave. Please indicate your preference here: I would like to save (up to 40) _____ hours sick leave.

EXCEPTION 2: SEIU/OPEU Represented: You can elect to save up to a maximum 40 hours of your vacation and/or compensatory leave. Please check one:

I wish all my vacation leave to be used ___Yes ___No

If no, how many vacation hours (up to 40) would you like saved? _____

 Employee Signature

 Date

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ELIGIBILITY RULES

If a leave qualifies under both the Federal Family Medical Leave Act (FMLA) and the Oregon Family Leave Act (OFLA) and/or the Collective Bargaining Agreement, the leave shall be designated as family and medical leave. Federal and State leave shall run concurrently where applicable.

Federal Family Medical Leave Act

Maximum Leave: 12 weeks in any 12-month period prior to start date of leave.

Eligibility Requirements:

- You must have worked for the State of Oregon at least 12 months (need not be consecutive); AND
- You must have worked at least 1,250 hours during the previous 12 months of employment.

Benefits:

- The Department continues its contribution towards your medical and dental insurance.
- You must continue to pay for any existing 'out-of-pocket' costs towards your State health insurance coverage.
- Reinstatement to your current position or an equivalent position.

Oregon Family Leave Act

Maximum Leave:

- 12 weeks in any 12-month period prior to start date of leave for serious illness or parental leave;
- 12 additional weeks for a woman's pregnancy related disability;
- 12 additional weeks within the same leave year for a non-serious sick or injured child. You must have used the full 12 weeks of uninterrupted parental leave to qualify for this benefit.

Eligibility Requirements:

- You must have worked for the State of Oregon at least 180 days (6 months) prior to the leave; AND
- You must have worked an average of 25 hours or more per week during the 180 days prior to the leave.

(Exception: No minimum work hour requirement when leave is for the care of a newborn, newly adopted or newly placed foster child.)

Benefits:

- If you do not have sufficient accrued leave (vacation, sick leave, personal business days) to cover part or all of the time you are on a leave of absence then the Department **DISCONTINUES** contributions towards your medical & dental insurance. Optional insurance is offered through COBRA, which you would need to pay for. The Department's contributions toward your medical & dental insurance resume, and your insurance becomes effective, the first of the month in which you return to work when your return to work is within the 12-week entitlement period, or the day immediately following the last day of the 12-week entitlement period.
- You must continue to pay for any existing 'out-of-pocket' costs towards your health insurance coverage.
- Reinstatement to your current position, or under certain circumstances, to an equivalent position.

NOTE: 1) Leave may be taken intermittently or on a reduced schedule unless leave is for the care of a newborn, newly adopted or foster child; 2) For the birth, adoption or placement of a foster child, length of leave is up to 12 weeks within 12 months of birth or placement under the Federal and State law.

FMLA & OFLA Definitions of Serious Health Condition: An illness, injury, impairment, or a physical or mental condition that either involves:

1. Inpatient care (hospitalization) - Federal & Oregon Law
2. Absence from work for more than 3 calendar days that involves continuous treatment of a health care provider - Federal Law
3. Continuing treatment by a health care provider for a chronic or long-term health condition that is incurable or so serious that, if not treated, would likely result in a period of incapacity of more than three calendar days – Federal Law
4. Illness, disease or condition is terminal, requires constant care, and poses an imminent danger of death - Oregon Law
5. Disability due to pregnancy, child birth or prenatal care - Federal & Oregon Law

IMPORTANT NOTE ABOUT YOUR MEDICAL AND DENTAL INSURANCE

If you do not return to work, you may be required to reimburse the Department of Administrative Services for any medical and dental insurance paid for you by the Department while you were on the **FEDERAL (FMLA)** leave of absence without Pay, unless failure to return to work is due to a continuance or recurrence of a serious health condition or other circumstances beyond your control.

If you return during the 12-week entitlement period **or** the day immediately following the last day of the 12-week entitlement period, there will not be a break in your insurance coverage. Otherwise, if you return later than that, you must either work at least 1/2 the available hours in a month or work at least 80 hours in a month before your insurance becomes effective on the first day of the following month. Number of hours-worked requirement is based on your representation. Check with DAS Payroll to find out which applies to you.