



# Federal and Oregon Family and Medical Leave

## Employee Information Packet

### Oregon Military Department

- Family and medical leave follow the Federal Family Medical Leave Act of 1993 (FMLA), State of Oregon Family Medical Leave Act (OFLA), DAS Policy 60.000.15 “Family and Medical Leave” and any applicable Collective Bargaining Agreement (CBA).
- **FMLA and OFLA are not optional. The law requires the State of Oregon as an employer to provide these entitlements.**

This packet provides you the employee, information about family and medical leave. [Additional resources are listed on Page 3. This packet is intended as a summary of applicable FMLA and OFLA policies and procedures. In all cases, applicable policies, laws and Collective Bargaining Agreements (CBAs) govern the employer’s and the employee’s rights and obligations; not this document.

The agency may customize this packet to add agency specific information such as agency policy and CBA language. However, modifications the agency makes to the packet do not govern the employer’s and the employee’s rights and obligations, only the law, policy and CBA does.

## Table of Contents

Family and Medical Leave Resources	3
What Is Family and Medical Leave?	4
Am I Eligible for FMLA or OFLA Leave?	4
FMLA and OFLA Eligibility, Side-By-Side Comparison	5
What Are Qualifying Reasons to Take FMLA or OFLA Leave?	5-6
FMLA and OFLA Qualifying Reasons, Side-By-Side Comparison	6
How Much FMLA or OFLA Leave Do I Get?	6-7
Length of FMLA and OFLA Leave, Side-By-Side Comparison	7
How Do I Request Leave for FMLA or OFLA?	7
Do I Have to Bring in Medical Certification?	8
Am I Paid During FMLA and OFLA Leave?	8
Will My Insurance Continue?	8-9
What Happens to My Job if I Take FMLA and OFLA Leave?	9-10
What if I Need to Extend My Leave Beyond My FMLA and OFLA Entitlement?	10
What Else Do I Need to Know About FMLA and OFLA Leave?	10
What Do All of the Terms Mean?	11-14
How Do I Code My Timesheet?	15
Health Care Provider Certification Form	16
Release to Return to Work Form	18

## Family and Medical Leave Resources

- DAS Policy 60.000.15 “Family and Medical Leave”:  
<http://oregon.gov/DAS/HR/rules.shtml>
- Collective Bargaining Agreements: <http://oregon.gov/DAS/HR/CBAs.shtml>
- BOLI’s Family Leave Laws: [www.boli.state.or.us](http://www.boli.state.or.us)
- Oregon Family Leave Act; ORS 656.005, ORS 659A.043, ORS 659A.046, ORS 659A.805, an ORS 659A.150-659A.186: <http://www.leg.state.or.us/ors/vol14.html>
- Oregon Administrative Rule (OAR); 839-009-0320, OAR 166-300-0010 through 166-300-0045 and OAR 101-040-0010:  
[http://arcweb.sos.state.or.us/rules/number\\_index.html](http://arcweb.sos.state.or.us/rules/number_index.html)
- Federal Family and Medical Leave Act:  
[http://www.dol.gov/esa/regs/statutes/whd/fmla.htm#SEC\\_102\\_LEAVE\\_REQUIREMENT](http://www.dol.gov/esa/regs/statutes/whd/fmla.htm#SEC_102_LEAVE_REQUIREMENT)
- DAS Human Resource Management Consultation:  
[http://www.das.state.or.us/DAS/HR/hrmc.shtml#E\\_mail\\_HRMC\\_Staff](http://www.das.state.or.us/DAS/HR/hrmc.shtml#E_mail_HRMC_Staff)
- DAS Labor Relations Unit, Bargaining and Contract Assignments:  
[http://egov.oregon.gov/DAS/HR/LRU.shtml#Staff\\_Assignments](http://egov.oregon.gov/DAS/HR/LRU.shtml#Staff_Assignments)
- Public Employee Benefit Board (PEBB) FMLA-OFLA Benefit Matrix:  
<http://egov.oregon.gov/DAS/HR/fmla.shtml>
- HRSD Policy 60.000.15 “Family and Medical Leave” Attachments and Toolkit:  
<http://www.oregon.gov/DAS/HR/hrmc.shtml#Tools>
- Oregon Military Department FMLA/OFLA Coordinator (AGP) 503-584-3581
- Oregon Military Department Payroll Contact – 503-584-3880

## What is Family and Medical Leave?

Family and medical leave is time off work you may take to tend to your own serious health condition, the serious health condition of a family member, for parental leave, for sick child leave and for injured servicemember family leave. This leave is better known as Federal Family and Medical Leave (FMLA) and Oregon Family Leave (OFLA).

Federal and state law determine if you are eligible for FMLA and OFLA leave, the reasons you may take this type of leave and how much leave you are allowed. FMLA and OFLA leave is protected time off. This means you generally have a right to your job or another job when you return from your leave. Circumstances affecting your return rights are on Pages 9-10.

The agency is required by law to designate or grant you FMLA or OFLA leave if you are eligible for the leave and the reason for your leave meets the requirements of the law.

## Am I Eligible for FMLA or OFLA Leave?

The state uses a “rolling backward year” to determine an employee’s FMLA and OFLA leave entitlement. This means the agency looks backward on the calendar for one year from the first day of your requested leave. This method tells the agency if you are eligible for FMLA or OFLA leave and how much of this leave you have available to use.

To be eligible for FMLA or OFLA leave you must meet the following requirements:

**To be eligible for FMLA leave**, you must meet two requirements: 1. You must have worked for the State of Oregon for 12 months (not necessarily consecutive months.) 2. You must have worked for the State of Oregon at least 1250 hours in the 12-month time period just before your leave would begin. If you work part time, you must still meet the 1250-hour requirement. The agency will calculate this time for you.

**To be eligible for OFLA leave**, you must meet two requirements: 1. You must have worked for the State of Oregon for 180 days (six months) just prior to your requested leave date. 2. You must have worked an average of 25 or more hours per week in the 180 days prior to your requested leave date. You must meet both requirements to qualify for OFLA serious health condition leave or OFLA sick child leave. You must only meet the first requirement (worked 180 days) to be eligible for OFLA parental leave.

Time worked when counting the 1250 hours for FMLA or the 25 hours per week for OFLA is the actual hours you were at work, including overtime. (Overtime hours are not counted at time and one-half.) Paid or unpaid leave time is not counted as hours worked. If you worked as a limited duration or temporary employee for the State of Oregon within the required time-period, those hours also count.

If you spent time on military leave, that time is counted as time worked under federal USSERA law and Policy 60.000.25 “Military Leave.”

<b>FMLA and OFLA Eligibility Side-By-Side Comparison</b>	
<b>Employees Eligible for FMLA</b>	<b>Employees Eligible for OFLA</b>
Employee must have worked for the State of Oregon for a total of at least 12 months (not necessarily consecutive); and	Employee must have worked for the State of Oregon for a period of 180 calendar days immediately preceding the date leave begins; and
Employee must have worked for at least 1250 hours during the 12-month period immediately preceding the leave.	Employee must have worked an average of 25 hours per week during the 180-day period, unless the leave is to care for a newborn child or newly placed adopted or foster child (“parental leave”)

## **What are Qualifying Reasons to Take FMLA or OFLA Leave?**

### **Under both FMLA and OFLA law, you may take leave for these reasons**

1. To recover from or seek treatment for your own serious health condition that renders you incapacitated. This includes pregnancy related disability and absence for prenatal care
2. To care for your spouse, your parent or your biological, adopted, step or foster child with a serious health condition. Your child must be 17 years of age or younger or incapable of self-care due to a physical or mental disability
3. For parental leave, which is to care for your newborn child or for adoption or placement of a foster child in your home.

### **Under FMLA law, you may also take leave for this reason**

To care for your spouse, parent, son, daughter or next of kin, who is a covered servicemember, with a serious injury or illness as a result of active duty.

### **Under OFLA law, you may also take leave for these reasons**

1. To care for your biological, adopted, step or foster child of any age with a serious health condition. This also applies to a child of your spouse or same-sex domestic partner
2. To care for your parent-in-law with a serious health condition, or a same-sex domestic partner or their parent with a serious health condition
3. To care for your grandparent or grandchild with a serious health condition
4. For sick child leave to provide home care for your sick child with a non-serious health condition or your spouse’s or domestic partner’s child with a non-serious health condition. The child must be 17 years of age or younger or be incapable of self-care due to a physical or mental disability.

**What is not a qualifying reason:** Routine medical or dental visits are not a qualifying reason to take FMLA or OFLA leave. Common cold, flu, earaches, upset stomach, routine headaches

or sore throats generally do not qualify as serious health conditions. However, these illnesses may qualify as “sick child leave” under OFLA.

<b>FMLA and OFLA Qualifying Reasons Side-By-Side Comparison</b>	
<b>FMLA Qualifying Circumstances</b>	<b>OFLA Qualifying Circumstances</b>
Employee’s own serious health condition, including pregnancy related conditions	Employee’s own serious health condition, including pregnancy related conditions
Serious health condition of employee’s family member: 1. Spouse 2. Parent 3. Biological, adopted, step or foster child 17 years of age or younger or incapable of self-care	Serious health condition of employee’s family member: 1. Spouse 2. Parent 3. Biological, adopted, step or foster child of any age 4. Parent-in-law 5. Same sex domestic partner 6. Parent of same-sex domestic partner 7. Child of same-sex domestic partner 8. Grandparent 9. Grandchild
Newborn, newly adopted or newly placed foster child (“parental leave”)	Newborn, newly adopted or newly placed foster child (“parental leave”)
Injured or ill servicemember who is the employee’s: 1. Spouse 2. Parent 3. Biological, adopted, step or foster child (no age limit) 4. Next of kin	Non-serious health condition of a child requiring home care (“sick child leave”) for a child 17 years of age or younger or incapable of self-care

### **How Much FMLA and OFLA Leave Do I Get?**

Under both FMLA and OFLA, you are entitled to up to 12 weeks of leave during a 12-month period if you meet the eligibility and purpose requirements. If you qualify for both FMLA and OFLA leave, the two leaves are applied or designated at the same time.

#### **FMLA also entitles you to additional leave in the following circumstance**

You may take up to 26 weeks of FMLA leave to care for your son, daughter, parent, spouse, or next of kin who is an injured or ill covered servicemember, whose injury or illness is a result of active duty. Note: The 26 weeks is aggregate, not in addition to the usual 12-week FMLA entitlement. For example: An employee takes 12 weeks of FMLA leave for their own serious health condition. The employee has 14 weeks of FMLA leave that they can take to care for an injured or ill servicemember.

**OFLA also entitles you to additional leave under the following circumstances**

1. If you are a female employee and you take any amount of leave for your own pregnancy-related disability, you may take up to an additional 12 weeks of OFLA leave for any OFLA-qualifying purpose.
2. If you are a male or female employee and use a full 12 weeks of parental leave under OFLA, you may take up to 12 additional weeks of OFLA leave in the same leave year to provide home care for your sick child with a non-serious health condition.

<b>Length of FMLA and OFLA Leave Side-By-Side Comparison</b>	
<b>FMLA Amount of Leave</b>	<b>OFLA Amount of Leave</b>
Up to 12 weeks maximum of leave per year	Up to 12 weeks of leave per year
Up to 26 weeks to care for an injured or ill covered servicemember (includes the 12 weeks listed above)	Exception #1: A female who takes any amount of OFLA leave for a pregnancy related disability (including routine pre-natal care) may take up to an additional 12 weeks in the same leave year for any OFLA-qualifying purpose
	Exception #2: Male or female employees who use a full 12 weeks of parental leave may use up to 12 additional weeks in the same leave year for sick child leave.

**How Do I Request FMLA or OFLA Leave?**

You must give 30 days notice for planned absences (paid or unpaid) related to family and medical leave. Follow agency procedures for submitting a request for leave. If you are unable to request leave in advance due to an emergency or unforeseeable event, let the agency know as soon as possible. In an emergency, a family member may contact the agency on your behalf.

When requesting leave, you do not need to reference “FMLA” or “OFLA,” but you do need to tell your supervisor or Human Resources the reason for your absence. Your supervisor or Human Resources may ask questions or seek more information to determine if your absence qualifies under FMLA, OFLA or both. If the leave qualifies, your supervisor or Human Resources will let you know. Because the designation of FMLA and OFLA is not optional, your supervisor or Human Resources can designate leave as FMLA and OFLA without your consent or agreement.

## **Do I Have to Bring in Medical Certification?**

Your supervisor or Human Resources may require you to provide medical certification. If required, your supervisor or Human Resources will give you a medical certification form to take to your medical provider. You must return this form before beginning your leave or within 15 calendar days after receiving the request for medical certification. If you do not provide medical certification, your leave may be denied and you will not have the protection of FMLA and OFLA leave laws. If you have an absence that is not covered under a protected leave, you may be subject to discipline.

At times, your supervisor or Human Resources will have enough information to designate FMLA or OFLA leave without requesting medical certification.

If you are absent for your own health condition, you may be required to give your supervisor or Human Resources a release to return to work from your health care provider before you can return to work. The release may include any job-related restrictions or limitations on your work.

The agency will reimburse you for any out-of-pocket costs for obtaining required medical certification that are not covered by your insurance. Submit those bills following the agency's procedure for requesting reimbursement.

## **Am I Paid During FMLA and OFLA Leave?**

FMLA and OFLA are unpaid leaves. While on FMLA or OFLA leave, you must use your accrued sick, vacation and personnel business leave and, when applicable, your Governor's leave. You are not required to use your compensatory (comp) time leave unless you want to. If you choose to use comp time, it will not be counted against your FMLA or OFLA entitlement and will not be protected under FMLA or OFLA laws.

Some represented employees are allowed to reserve leave according to their Collective Bargaining Agreement (CBA). Let your supervisor or Human Resources know if you wish to reserve leave if your CBA allows.

Unrepresented and management service employees may reserve up to 40 hours of sick leave if they are using short-term disability insurance. Let your supervisor or Human Resources know if you wish to reserve sick leave.

Statewide Policy 60.025.01 "Donated Leave", agency policy, or an applicable CBA will give you details about receiving donated leave.

You may qualify for short-term or long-term disability or PERS Disability benefits. It is your responsibility to apply for these benefits. Your supervisor, Human Resources or the Payroll Department will have more information. If you apply for these benefits you must report your leave balances and any expected or actual donated leave, disability payments or workers' compensation payments. All of these leaves and benefits will affect your eligibility for disability insurances and may put you in an overpayment situation that you might be required to repay.

Timesheet codes are located at the end of this manual. You need to enter your time correctly. If you are unable to enter your own time, your supervisor will do it for you.

## **Will My Insurance Continue?**

If you are on FMLA leave, the agency will continue to pay its share of premiums for medical, dental and employee-only basic life insurance. Using sufficient hours of accrued paid leave

while on FMLA, will cover your optional insurances. When your accrued paid leave is exhausted, you may continue your optional insurances by paying the premiums. If you normally pay a portion of the premiums for your health insurance, you must continue timely payments during the period of leave to avoid cancellation. You may self-pay these premium payments through Payroll.

If you are only on OFLA leave, the agency will continue to pay its share of premiums for your medical, dental and employee-only basic life insurance as long as you use sufficient accrued paid leave in the month. If you normally pay a portion of the premiums for your health insurance, you must continue timely payments during the period of leave to avoid cancellation. You may self-pay these premium payments through Payroll. If you have insufficient paid leave in a month, you have the option of continuing coverage under COBRA. You will be notified by a third party administrator, regarding how to continue your health and dental insurances while on leave without pay.

You are responsible for premium payments for optional benefits (e.g., life insurance, disability insurance, etc), while on leave without pay. These premium payments are not covered under FMLA or OFLA and are not paid by the agency.

If your absence qualifies under OFLA only and if you are receiving donated leave, the donated leave is put toward the insurance premiums for medical, dental and employee-only basic life first. You must self-pay premiums to continue any optional insurance.

If you are on approved FMLA leave and return to work during the 12-week entitlement period or the workday immediately after, no break in your insurance coverage occurs. If you return beyond that timeframe, you must work a minimum 80 hours in the month to receive the employer contribution for the following month.

If you do not return to work following a family and medical leave, you may be required to reimburse the agency for the full premium cost of health care coverage paid on your behalf, unless a recurrence or continuation of a serious health condition occurs or the reason for not returning is beyond your control.

## **What Happens to My Job If I Take FMLA and OFLA Leave?**

Upon returning from FMLA or OFLA leave for your own serious health condition, the agency may require you to provide a statement from your medical provider verifying you are able to return to work, as discussed above.

If you are returning from OFLA leave, or leave that qualifies for both FMLA and OFLA, you have a right to be restored to the position you held prior to your leave. If you are returning from FMLA-only leave, you have a right to be restored to the position you held prior to your leave or a position with equivalent pay and benefits. The following exceptions apply to both FMLA and OFLA:

If your position was eliminated through an agency layoff process, you must be treated as if you were not on FMLA or OFLA leave and will be treated the same as similarly situated employees in accordance with an agency policy or an applicable CBA.

If you can no longer perform an essential function of your position, the agency will comply with the Americans with Disability Act (ADA) to determine if a reasonable accommodation is appropriate.

If you are unable to perform an essential function of your position and reasonable accommodations are not appropriate, you may be subject to termination under an applicable law, rule, policy or CBA.

## **What if I Need to Extend My Leave Beyond My FMLA or OFLA Entitlement?**

If you are unable to return to work following your FMLA or OFLA leave, you no longer have FMLA or OFLA job protection. You may request an extension of your absence, but it is up to the discretion of the agency if you can extend your absence. The business needs of the agency will be a primary factor in the decision whether to extend leave.

## **What Else Do I Need to Know About FMLA and OFLA Leave?**

FMLA and OFLA leave are usually designated at the same time when you are entitled to and eligible for both leaves.

Only FMLA leave is applied when you are absent from work for a disabling compensable injury or you have a pending determination of a workers' compensation claim.

If your pending workers' compensation claim is denied, OFLA leave will immediately begin if you meet eligibility and purpose requirements.

If you have a disabling compensable injury and refuse an offer of transitional work, OFLA leave will immediately begin if you meet eligibility and purpose requirements.

You may need FMLA or OFLA leave for more than one qualifying condition or purpose at the same time or in the same leave year. Having more than one qualifying condition does not extend the amount of your entitlement.

If you and your spouse both work for the State of Oregon and you both are eligible for FMLA leave, you must share the FMLA entitlement (up to 12 weeks) for parental leave (for the birth, adoption, or foster child placement) or to care for a parent with a serious health condition.

If you and a family member both work for the State of Oregon and you are both eligible for OFLA leave, you each have a full entitlement (up to 12 weeks). You may not take OFLA leave (including sick child leave) at the same time unless one of four exceptions occurs: 1) one of you needs to care for the other who has a serious health condition; 2) one of you needs to care for a child with a serious health condition while the other is suffering from a serious health condition; 3) you both have a serious health condition or; 4) an agency appointing authority or designee grants an exception under special circumstances.

If you are using FMLA or OFLA leave to care for a family member with a serious health condition and that person dies, FMLA and OFLA ends upon their death. You may be eligible for Bereavement leave in accordance with a CBA or Policy 60.000.10 "Special Leaves With Pay." Your ability to use Bereavement leave may depend upon your paid or unpaid status.

## **What Do All of the Terms Mean? From Policy 60.000.15 “Family and Medical Leave”**

### **(1) Family Member:**

- (a) Parent: The employee’s biological or adoptive mother or father or an individual who stood in loco parentis (in place of a parent) to the employee when the employee was a child
- (b) Son or Daughter (Child): The employee’s biological, adopted, foster or stepchild, a legal ward, or a child for whom the employee stands in loco parentis. The child must be 17 years of age or younger or 18 years of age or older and incapable of self-care because of a mental or physical disability
- (c) Spouse: A husband or wife as defined under Oregon state law
- (d) Under OFLA only, the term “family member” additionally includes:
  - (A) Grandparent or grandchild
  - (B) Parent-in-law
  - (C) Same-sex domestic partner
  - (D) Parent of a same-sex domestic partner
- (E) For the purposes of parental leave and sick child leave, in addition to the individuals included in the definition above of “son or daughter”, the definition of “child” includes the biological, adopted, foster, or stepchild of a same-sex domestic partner. (For example, under OFLA, an employee may be absent to provide care for the child of their domestic partner who has a non-serious health condition, as long as the child is 17 years of age or younger or incapable of self care because of a mental or physical disability. FMLA does not extent parental leave or sick child leave to the child of a domestic partner.)
- (F) For the purposes of serious health condition leave, the definition of “child” is not limited to children under age 18 or those who are incapable of self-care because of a mental or physical disability, as it is in FMLA. (For example, under OFLA only, an employee may be absent to care for their own, their spouse’s or their domestic partner’s adult child with a serious health condition.)

### **(2) Serious Health Condition: An illness, injury, impairment, or physical or mental condition that involves one or more of the following:**

- (a) Hospital care: Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care
- (b) Absence plus treatment: A period of incapacity of more than three consecutive calendar days, including any subsequent treatment or period of incapacity relating to the same condition, that also involves one or both of the following:
  - (i) Treatment two or more times by a health care provider, by a nurse, or by a physician’s assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of or referred by, a health care provider

- (ii) Treatment by a health care provider on at least one occasion that results in a regimen of continuing treatment under the supervision of the health care provider.
  - (c) Any period of incapacity for pregnancy, pregnancy-related illness, or for prenatal care (pregnancy disability)
  - (d) Chronic conditions requiring treatment:
    - (i) A chronic condition that requires periodic visits for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider
    - (ii) A chronic condition that continues over an extended period of time, including recurring episodes of a single underlying condition
    - (iii) A chronic condition that may cause episodic rather than a continuing period of incapacity. For example, asthma, diabetes and epilepsy.
  - (e) Permanent or long-term conditions requiring supervision: A period of incapacity that is permanent or long-term due to a condition for which treatment potentially is not effective. The employee or family member is under the continuing supervision of, but is not necessarily receiving active treatment by a health care provider. For example, Alzheimer's disease, a severe stroke, or the terminal stages of a disease.
  - (f) Multiple Treatments (Non-Chronic Conditions): Any period of absence to receive multiple treatments (including any period of recovery) by a health care provider or by a provider of health care services under orders of, or on referral by a health care provider for one or both of the following reasons:
    - i) Restorative surgery after an accident or other injury
    - ii) For a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment. For example: chemotherapy, radiation, etc. for cancer; physical therapy for severe arthritis; and dialysis for kidney disease.
  - (g) Incapacity: The inability to work, attend school or perform other regular daily activities due to a serious health condition or treatment for or recovery from a serious health condition.
  - (h) Treatment: Includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical examinations, eye examinations or dental examinations.
  - (i) Regimen of Continuing Treatment: Includes, for example, a course of prescription medication such as an antibiotic or therapy requiring special equipment to resolve or alleviate the health condition. A regimen of treatment does not include the taking of over-the-counter medications such as aspirin, antihistamines, or salves, bed-rest, drinking fluids, exercise, and other similar activities that are initiated without a visit to a health care provider.
- (3) Parental Leave: Leave to care for a newborn child, a newly adopted child or a newly placed foster child in the employee's home.

- (a) The employee must complete parental leave within twelve months of the birth, adoption or placement of the child. An employee is entitled to take parental leave in increments prior to the adoption or placement of a child if the employee's absence from work is required for the placement for adoption or foster care to proceed.
- (4) Pregnancy Disability Leave: (Note: Because pregnancy is a temporary condition, it is generally not a covered disability that requires reasonable accommodation under the Americans with Disabilities Act (ADA).) The following absences related to pregnancy incapacity qualify:
- (a) Part-day or full-day absences for serious morning sickness
  - (b) Periods of bed rest ordered by the physician of the pregnant employee
  - (c) A reduced work schedule necessitated by pregnancy complications
  - (d) Routine prenatal visits to the doctor
  - (e) Leave following childbirth, when the employee is still incapacitated (since pregnancy disability is defined to include incapacity due to pregnancy or childbirth.)
- (5) Sick Child Leave (OFLA Only): Absences to provide care for a child with a non-serious health condition who requires home care. This type of leave is limited to care for a child who is 17 years of age or younger or 18 years of age or older and incapable of self-care because of a mental or physical disability.
- (6) Health Care Provider: A person who is performing within the scope of their professional license or certification and has primary responsibility for providing health care to an eligible employee or their family member.
- (a) Health Care Provider can include a doctor of medicine or osteopathy authorized to practice medicine or surgery, podiatrists, clinical social workers, optometrists, chiropractors (limited to manual manipulation of the spine to correct subluxation shown to exist by x-ray,) nurse practitioners, nurse midwives and Christian Science practitioners.
  - (b) For additional health care providers recognized by FMLA, see the Federal Family and Medical Leave Act 29 USC §§ 2601 through 2654 and Federal Regulations Part 825; 659.479 through 659.494.
- (7) Types of Leave Schedules:
- (a) Continuous Leave: FMLA or OFLA leave taken in a continuous block of time
  - (b) Intermittent Leave: FMLA or OFLA leave taken sporadically
  - (c) Reduced Schedule Leave: FMLA or OFLA leave taken where the employee works less than the employee's normal hours in a day or week.
- (8) Rolling Backward Year: When determining an employee's FMLA and OFLA leave entitlement, a "rolling-backward" period is used. This means the agency appointing authority or designee looks backward on the calendar for one year from the first day of the requested leave to determine if the employee is eligible for FMLA or OFLA leave and how much leave the employee is entitled to use.

(9) Definitions Relating to Military Service Only

- (a) Active Duty: Duty under a call or order to active duty under a provision of law referred to in Section 101(a)(13)(B) of Title 10, United States Code.
  - (b) Covered Servicemember: A member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness.
  - (c) Outpatient Status: The status of a member of the Armed Forces assigned to one of the following:
    - (d) A military medical treatment facility as an outpatient
    - (e) A unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients.
  - (e) Next of Kin: The nearest blood relative of the individual.
  - (f) Serious injury or illness: An injury or illness incurred by the service member in the line of duty on active duty in the Armed Forces that may render the member medically unfit to perform the duties of the member's office, grade, rank or rating. This includes undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness.
- (10) Injured Servicemember Family Leave: Leave given to an eligible employee to care for a spouse, son, daughter, parent, as defined above in (2)(a)-(c) (excluding the age requirement for a child), or next of kin, who is a covered servicemember with a serious injury or illness as defined above in (12)(f) .

## How Do I Code My Timesheet While On FMLA and OFLA Leave?

While you are on FMLA, OFLA or both leaves, your timesheet must accurately reflect your use of FMLA and OFLA time. You must record all leave taken (paid or unpaid) for your FMLA or OFLA condition(s) as FMLA, OFLA or both to count toward your leave entitlement. If your leave is due to a pending or approved Workers' Compensation claim, use the codes from the last column.

If you are unable to enter your own time, your supervisor will maintain your timesheet for you.

The following codes must be used when recording your time.

Leave Type	OFLA Only	FMLA and OFLA Combination	FMLA Only	FMLA and Workers' Compensation
Sick Leave (SL)	SL1	SL2	SLF	SL3
Vacation Leave (VA)	VA1	VA2	VAF	VA3
Personal Business Leave (PB)	PB1	PB2	PBF	PB3
Leave Without Pay (LO)	LO1	LO2	LOF	LO3
Holiday (HO)	HO1	HO2	HOF	HO3
Governor's Leave (GL)	GL1	GL2	GLF	GL3
Bereavement Leave (FL)	FL1	FL2	FLF	FL3
Discretionary Leave (DL)	DL1	DL2	DLF	DL3

Note: Once your FMLA or OFLA leave is exhausted, discontinue use of the "1, 2, F and 3" designations after your time. If you are on leave without pay, use the LS (leave without pay, sick) code if you are continuing a medical absence. You must obtain approval to continue your absence once your FMLA and OFLA leaves are exhausted.

If you have any questions about how to track FMLA or OFLA time on your timesheet, please contact Payroll at: 503-584-3880.