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| ***Click here to enter a date*** | |
| ***Click here to enter First and Last Name*** | |
| ***Click here to enter Street Address*** | |
| ***Click here to enter Agency City, State Zip*** | |
| **Subject: Family & Medical Leave Agency Designation – Paid Leave Oregon** | |
| We have been notified of the potential need for you to take leave under the Federal Family and Medical Leave (FMLA) and Oregon Family Leave (OFLA) acts. Based on the information we received on ***Click here to enter a date***, it has been decided: | |
| **Protected Leave Designation:** | |
| **FMLA** | Leave for ***Click here to enter Qualifying Event*** ***Click here to enter Approval*** Your FMLA leave year will run ***Click here to enter a date*** through ***Click here to enter a date***. |
| Additional Comments: |
| Condition Identifier: | |
| **OFLA** | Leave for ***Click here to enter Qualifying Event*** ***Click here to enter Approval*** Your OFLA leave year will run ***Click here to enter a date*** through ***Click here to enter a date***. |
| Additional Comments: |
| Condition Identifier: | |
| **Paid Leave Oregon** | Because you were approved for Paid Leave Oregon by the Oregon Employment Department for your qualifying condition, you are entitled to an additional four (4) weeks of unpaid protected leave under Paid Leave Oregon, for any OFLA qualifying condition to be used during your benefit year. Your Paid Leave Oregon benefit year will run ***Click here to enter a date*** through ***Click here to enter a date***. |
| Additional Comments: |
| Condition Identifier: | |

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| **Qualifying Condition:** |
| Block of time from ***Click here to enter a date*** through ***Click here to enter a date*** |
| Additional Comments: |
| Intermittently from ***Click here to enter a date*** through ***Click here to enter a date*** |
| Additional Comments: *Because your leave will be unscheduled it is not possible to provide the hours, days, or weeks that will be counted against your leave entitlement at this time. You may ask for an update on leave available to you no more than every 30 days during the months in which you are taking Family and Medical Leave.* |
| Reduced schedule from ***Click here to enter a date*** through ***Click here to enter a date*** |
| Additional Comments: |

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| **Leave Available:** | |
| The current leave available to you for this leave year as of ***Click here to enter a date*** are: | |
| **FMLA** | ***Click here to enter FMLA Hours*** |
| **OFLA** | ***Click here to enter OFLA Hours*** from ***Click here to enter a date*** through ***Click here to enter a date***  And ***Click here to enter OFLA Hours*** from ***Click here to enter a date*** through ***Click here to enter a date*** |

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| **Return to Work Release:** |
| ***Click here to enter Return to Work Release Requirements*** |

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| **Workday Processing:** |
| All time related to your leave must be entered in Workday with the following approved leave type: |
| ***Click here to enter Qualifying Event*** |
| Please ensure all protected leave is requested in Workday |
| **You are required to make two separate Workday entries:**   * One request for your protected leave (FMLA, OFLA, Paid Leave, etc.) – routed to your absence partner for approval.   **And** one for your accrued leave or Leave Without Pay – routed to your manager for approval. |

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| **Signature:** | ***Click here to enter your name/signature*** |
| **Position:** | ***Click here to enter Your Position or Title Name*** |
| **Phone:** | ***Click here to enter Phone Number(s)*** |
| **Fax:** | ***Click here to enter Fax Number*** |