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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 Eligibility and Designation Notification – Paid Leave Oregon** | |
| We have been notified of your request for family and medical leave on ***Click here to enter a date***. We have reviewed your eligibility for Federal Family and Medical Leave (FMLA) and Oregon Family Leave (OFLA). To determine your eligibility for FMLA and OFLA leave, the agency looks backward on the calendar for one (1) year from ***Click here to enter Leave Year Designation*** if you have worked enough hours and months to be eligible for FMLA or OFLA leave. | |
| **The following is the result of the eligibility review:** | |
| **FMLA** | ***Click here to enter Eligibility*** |
| **OFLA** | ***Click here to enter Eligibility*** |
| 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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| **Dates Scheduled for Leave:** |
| 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. |

For additional information regarding FMLA/OFLA leave please see the Family and Medical Leave Policy 60.000.15 For additional Paid Leave information see the Paid Leave policy 60.000.04.

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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*** |

**Family and Medical Leave**

**Employee Rights and Responsibilities**

The state of Oregon is committed to supporting our employees in their need for time off to take care of their serious health condition or those of a qualified family member. Below are your rights and responsibilities as an employee.

Qualifying absences may be designated and counted against your annual FMLA, OFLA or both entitlements. For most purposes, your entitlement is limited to twelve (12) weeks per leave year.

**Periodic Updates:** You are required to inform us if dates of scheduled leave change, are extended, or become known.

**Medical Certification:** The law allows the agency to ask you for certification verifying the purpose of your need for leave. If required as indicated on your notice of eligibility letter, certification must be returned to the agency within 15 calendar days from the date of the letter***.***  The law requires the agency to inform you that failure to return a required certification may result in denial of the leave or discipline in accordance with law, policy, or a collective bargaining agreement.

**Requirement to use paid leave while on FMLA and OFLA:** While on FMLA or OFLA leave you are required to use all of your paid leave before using leave without pay. The following exceptions apply:

1. If you are a represented employee, an applicable collective bargaining agreement may allow you to reserve a certain amount of leave.
2. If you are an unrepresented or management service employee, you may reserve 60 hours of sick, vacation or a combination of both leaves.
3. If you are receiving payments through disability insurance, you are not required to use your paid leave during the time you are receiving payments from the disability provider. However, the disability insurance provider may require you to use some or all of your paid leave prior to receiving disability payments. It is your responsibility to contact your disability insurance provider to find out the leave use requirements.
4. You do not have to use your compensatory time unless you want to.

If you are eligible to reserve leave under one or more of the categories above, you must notify the agency in advance of your leave, which leave type and how much you wish to reserve.

**Insurance information:** If your absence qualifies under FMLA and/or OFLA, the agency will continue to pay its share of the premium payment for your medical, dental, and employee-only life insurance. The law requires the agency to tell you that should you fail to return to work after a FMLA-qualifying absence, you may be required to repay the agency for insurance payments made on your behalf. The following exceptions apply: You do not return to work because of a continuation, recurrence, or onset of your own or a qualifying family member’s serious health condition, a continuation, recurrence, or onset of a serious illness or injury of a covered service member; or for other circumstances beyond your control.

If you are in a leave without pay status, whether by choice or because you have exhausted your accrued paid leave, you are responsible to pay your portion of your insurance premium, any surcharges associated with your insurance plan, and any optional insurance you have. Please contact your agency payroll for more information regarding your insurance.

**Fitness for duty:** If you are requesting leave for your own serious health condition, you may be required to provide the agency with a fitness for duty certification upon your return from leave, verifying whether you are able to return to work, if you have any job-related restrictions and the duration of any restrictions. Your FMLA/OFLA designation letter sent by the agency will inform you if this is required.

**Restoration rights:** If you are returning from leave for OFLA or both OFLA and FMLA, you have a right to be restored to the position of employment you held when your leave began. If the position no longer exists, or if you are returning from a FMLA only leave, you have a right to return to an equivalent position with equivalent pay, benefits and other terms and conditions of employment with the following exceptions:

1. If your position is eliminated through layoff, the agency will treat you the same as if you were not on FMLA or OFLA leave and the same as similarly situated employee following policy or applicable collective bargaining agreement.
2. If you are a limited duration or temporary employee, the agency returns you to the position to the extent your placement or position exists.
3. If you are unable to perform an essential function of your position the agency may engage in the Americans with Disabilities Act (ADA) process with you to determine if a reasonable accommodation may be granted. If the ADA process is not appropriate or if a reasonable accommodation is not available, you may be subject to termination under applicable law, rule, policy, or collective bargaining agreement.