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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: Continuous Protected Leave with Paid Leave Oregon Benefits** |
| We have received notification that you may be utilizing Paid Leave Oregon Benefits. Paid Leave Oregon covers full day absences for approved conditions. When on Paid Leave Oregon you may use your accrued leave in any amount, up to your normal scheduled hours, or you may use Leave Without Pay. ***Please indicate on the table below*** whether you will use your accrued leave or Leave Without Pay. If you plan to use accrued leave, please also indicate the order in which you want to use your leave balances (for example, use sick leave then vacation leave once sick is exhausted).  If we do not hear from you by ***Click here to enter a date*** we will place you on a leave of absence (Leave Without Pay) to avoid any overpayments. Please note: During the first month of leave, any Leave without Pay taken between payroll cut-off and payday will automatically be deducted from your next available pay.

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| --- | --- | --- | --- |
| ☐ I wish to use my accrued leave as follows: | **Accrual Type:** | **Number of Hours (per scheduled work day):** | **Indicate Order to be Used:** |
| Sick Leave |  |  |
| Vacation Leave |  |  |
| Comp Time |  |  |
| Personal Business |  |  |
| Special Day |  |  |
| Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| ☐ I wish to use Leave Without Pay for the duration of my leave.  |

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| Please contact us if you have any questions. |
| ***Click here to enter Your Name – Signature Line*** |
| ***Click here to enter Your Position or Title Name*** |
| PHONE: ***Click here to enter Phone Number(s)*** |
| FAX: ***Click here to enter Fax Number*** |