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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 and Medical Leave – Medical Certification Reminder** |
| On ***Click here to enter a date***, you were sent information and forms on the Family and Medical Leave Act (FMLA) and Oregon Family Leave Act (OFLA). You were required to have your healthcare provider complete the medical certification and return it to us no later than ***Click here to enter a date***. To date, this information has not been received. Information from your healthcare provider is needed for approval so you may use this leave. Under FMLA/OFLA laws, you are entitled to up to 12 weeks of paid or unpaid leave in a calendar year.  Please provide the enclosed medical certification to your healthcare provider and return it to us notification ***no later than Click here to enter a date.*** The law requires us to inform you that failure to submit these forms by the due date may result in delay of the beginning of your protected leave until the medical certification has been received.  When using Family and Medical Leave, your health benefits will be maintained by the agency during any period of unpaid leave under the same conditions as if you continued to work. If you would normally pay a portion of the premiums for your health and dental insurance, you must continue to do so during the period of FMLA/OFLA leave. If you have any questions regarding insurances, please contact Payroll at ***Click here to enter Payroll Phone Number***.  Please contact us if you have any questions concerning your Family and Medical Leave entitlements. | |
| ***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*** | |