

FAMILY LEAVE TRACKING FORM

1 OFLA	2 OFLA	3 OFLA	4 OFLA	5 OFLA	6 OFLA	7 OFLA	8 OFLA	9 OMFL	10 FMLA	11 FMLA	12 FMLA	13 FMLA	14 FMLA	15 FMLA
Date:	Serious Health Condition of the Employee	Pregnancy Disabilities	Serious Health Condition of the Spouse, Parent, or Child	*Serious Health Condition of the Parent-in-law, Same-gender Dom. Partner, Parent or Child of Same-gender Dom. Partner, Grandparent, Grandchild	*Bereavement	Birth, Adoption, Foster Care	*Non-Serious Illness of a Child	Oregon Military Family Leave (14 days)		Serious Health Condition of the Employee	Serious Health Condition of the Spouse, Parent, or Child	Birth, Adoption, Foster Care	Qualifying Exigency	Serious Injury or Illness of a Service-member/Veteran (26 wks)
1									1					
2									2					
3									3					
4									4					
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24									24					
25									25					
26									26					

**NOTES**

\*These leave categories qualify as OFLA leave only.