|  |  |
| --- | --- |
| letterhead-header_katebrown_black | ***Click here to enter Agency Name*** |
| ***Click here to enter Agency Department*** |
| ***Click here to enter Agency Street Address*** |
| ***Click here to enter Agency City, State Zip*** |
| FAX: ***Click here to enter Fax #*** |
| ***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 – Bereavement Leave** | |
| We have been notified regarding your need for Bereavement Leave under the Oregon Family Leave Act (OFLA).We are sorry for your loss.  Oregon Family Leave Act (OFLA) allows you to use up to two weeks of bereavement leave to be taken within 60 days of the death of a covered family member. This may be used for attending the funeral, making arrangements necessitated by the death or grieving. Bereavement leave may be taken in a block of time or intermittently.  Qualifying absences may be designated and counted against your annual OFLA entitlements. For most purposes, you are entitled to twelve (12) weeks of protected leave per calendar year.  We have reviewed your eligibility for OFLA. To determine an employee’s eligibility for OFLA leave, the agency looks backward on the calendar 180 days from ***Click here to enter Leave Year Designation*** to determine if you have worked enough hours and days to be eligible for OFLA leave.  Based on our review, we have determined that you are ***Click here to enter Eligibility***.  Please communicate with your manager regarding your plan for bereavement leave. If your leave is intermittent you must follow your established call-in procedures for absences related to this leave. You must state the reason for your absence is for OFLA bereavement leave.  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*** | | |