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| 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 Agency Designation and Exhaust Notice** | | |
| We have been notified of the potential need for you to take leave under the Federal Family and Medical Leave (FMLA) and Oregon Family Leave (OFLA) acts. Based on the information we received on ***Click here to enter a date***, it has been decided: | | |
| **Agency Designation:** | | |
| **FMLA** | Leave for ***Click here to enter Qualifying Event*** ***Click here to enter Approval*** | |
| Additional Comments: | |
| Condition Identifier: | | |
| **OFLA** | Leave for ***Click here to enter Qualifying Event*** ***Click here to enter Approval*** | |
| Additional Comments: | |
| Condition Identifier: | | |
|  | | |
| **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 needed 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: | | |
|  | | |
| **Leave Available:** | | |
| The current leave available to you for this calendar year as of ***Click here to enter a date*** are: | | |
| **FMLA** | ***Click here to enter FMLA Hours*** | |
| **OFLA** | ***Click here to enter OFLA Hours*** | |
| You are projected to exhaust these hours on or about ***Click here to enter a date***. | | |
| **Block of Time:** If your leave is expected to go beyond the projected exhaust date, it will require agency pre-approval. Per ***Click here to enter Bargaining Unit Language***. If you are requesting LWOP for an extended period, you must submit a written request to ***Click here to enter Contact Information*** within ***Click here to enter Number of Days*** days. A supporting statement from you healthcare provider ***Click here to enter Is or Is Not*** needed to certify the continued need for leave and must include and anticipated return to work date.  **Release to Return to Work:** Prior to returning to work, a statement from your healthcare provider certifying you are released to return to work full-time with or without restrictions ***Click here to enter Is or Is Not*** required. If your healthcare provider indicates work restrictions on the release form, these will be reviewed to determine if there is suitable and available work. The form, if required, is included with this letter.  **Return to Work:** You must contact your supervisor with and update to your plans to return to work on or before ***Click here to enter a date***. | | | |
| **Intermittent Absence From Work:** Any absence from work after exhausting your Family and Medical Leave entitlements including the use of leave without pay (LWOP), will require agency approval. Any absence for which the agency has not approved may be charged to unauthorized leave without LWOP. | | | |
| **Insurance Benefits:** Under Public Employees Benefits Board (PEBB) guidelines, in order for your insurance benefits to continue without interruption, you will be required to have 80 hours of paid status (e.g., work or paid leave) within a calendar month in order for the agency to continue to pay all or part of your insurance premium payments.  If you do not have accrued leave available to cover your absence, you will need to contact Payroll at ***Click here to enter Payroll’s Contact Information*** regarding continuing your benefits through Affordable Care Act (ACA) or COBRA.  **Workers Compensation:** If you are off work due to a Workers Compensation claim, your benefits will continue to be paid by the agency in accordance with Covered Benefits for Injured Workers (CBIW) regulations. There will be no gap in coverage. | | | |
| Please contact us if you have any questions concerning your Family and Medical Leave entitlements. | | | |
| ***Click here to enter Your Name – Signature Line*** | | | |

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| ***Click here to enter Your Position or Title Name*** |
| PHONE: ***Click here to enter Phone Number(s)*** |
| FAX: ***Click here to enter Fax Number*** |

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| **PLEASE BE ADVISED OF THE FOLLOWING INFORMATION**  ORSEAL  Kate Brown, Governor |

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

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| **Request to Retain Leave Accruals:** 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. 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.  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. **Contact Payroll for more information regarding your 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. |
| **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 with or without reasonable accommodation, you may be subject to termination under applicable law, rule, policy or collective bargaining agreement. |

We realize this letter contains a lot of information, but we want to fully protect your rights under law. If you have any questions, please feel free to contact me us.