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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 – Sick Child, Non-Serious** | |
| We understand you may be reporting a qualifying absence under the Oregon Family Leave Act (OFLA) relating to the non-serious medical condition of your child. This is known as OFLA sick child leave.  OFLA sick child leave is a legal entitlement available to eligible employees for the purpose of providing home care when needed to their child(ren) age 17 or younger or an adult dependent child with a non-serious medical condition or due to a school or daycare closure for reasons related to COVID-19. Absences related a child’s medical appointment for a routine check-up do not fit the definition of sick child leave.  The age limit does not apply if the child is incapable of self-care because of a mental or physical disability.  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***.  If eligible, the agency may require supporting medical documentation after the third occurrence of a request for OFLA sick child leave within a calendar year. You will receive a separate request if medical documentation is required.  When using OFLA sick child leave, you must follow agency call-in procedures each time you are absent for your Family and Medical Leave. You must state the reason for your absence is for OFLA sick child 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*** | | |