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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: Request for Continuous Protected Leave with Paid Leave Oregon Benefits** |
| We have received notification that you have ***Choose an item.*** for Paid Leave Oregon Benefits on ***Click here to enter a date***. Your Paid Leave Oregon leave was ***Choose an item.*** as a continuous leave from ***Click here to enter a date*** to ***Click here to enter a date***. Because this is a continuous block of time, no Health Care Provider certification is required unless your need for leave changes or your Paid Leave Oregon claim is denied. We are designating this leave as ***Choose an item.*** based on your ***Choose an item.*** for Paid Leave Oregon benefits.    When the condition qualifies, Paid Leave Oregon benefits run concurrently with OFLA. Please notify us immediately if your reason for leave does not qualify for FMLA or is for non-OFLA qualifying Safe Leave.    Paid Leave Oregon covers full day absences for approved conditions. When on Paid Leave Oregon you may use your accrued leave in any amount, up to your normal scheduled hours, or you may use Leave Without Pay. ***Please indicate on page 2*** whether you will use your accrued leave or Leave Without Pay. If you plan to use accrued leave, please also indicate the order in which you want to use your leave balances (for example, use sick leave then vacation leave once sick is exhausted). Please note: During the first month of leave, any Leave without Pay taken between payroll cut-off and payday will automatically be deducted from your next available pay.    If we do not hear from you by ***Click here to enter a date*** we will place you on a leave of absence (Leave Without Pay) to avoid any overpayments. Any overpayment due to Leave Without Pay will be deducted from your next paycheck. No repayment options are available.  This leave of absence will not affect your seniority, salary increases, or recognized service date. We will also designate your leave as FMLA and/or OFLA based on available information.    Please remember to submit two absence requests in Workday for each absence. One to request use of accrued leave or Leave Without Pay (LWOP) and a second to request the time off be protected.    The Paid Leave Oregon website provides a Paid Leave Oregon benefit calculator: <https://paidleave.oregon.gov/employees/benefits-calculator.html>  The DAS CHRO Paid Leave Oregon website provides a calculator to help you determine how many hours of accrued leave you need to use in order to earn your normal salary when combined with Paid Leave Oregon benefits: <https://www.oregon.gov/das/HR/Documents/Paid-Leave-CHRO-Oregon-Accrued-Leave-Usage-Calculator.xlsx>   |  |  |  |  | | --- | --- | --- | --- | | ☐ I wish to use my accrued leave as follows: | **Accrual Type:** | **Number of Hours (per scheduled work day):** | **Indicate Order to be Used:** | | Sick Leave |  |  | | Vacation Leave |  |  | | Comp Time |  |  | | Personal Business |  |  | | Special Day |  |  | | Other (please specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | | ☐ I wish to use Leave Without Pay for the duration of my leave. | | | | |
| Please select the reason for leave:   |  |  |  |  | | --- | --- | --- | --- | |  | Bereavement |  | Parent of your spouse/domestic partner | |  | Child 17 or younger |  | Parent’s spouse/domestic partner | |  | Child 18 or older and incapable of self-care |  | Parent | |  | Child’s spouse or domestic partner |  | Parent-in-law | |  | Spouse |  | Grandparent or grandparent’s spouse/domestic partner | |  | Domestic partner |  | Grandchild or grandchild’s spouse/domestic partner | |  | Sibling, stepsibling, or sibling/stepsibling’s spouse/domestic partner |  | Affinity relationship | |  | Blood relation |  | Self - workers compensation | |  | Military family leave |  | Self - pregnancy disability | |  | Military qualifying exigency |  | Parental leave | |  | Military caregiver |  | Self – serious health condition |   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*** |

Enclosure: Eligibility and Designation Notice