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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 Intermittent 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 intermittent leave from ***Click here to enter a date*** to ***Click here to enter a date***. Based on this information, we are designating this leave as ***Choose an item.*** Because this is an intermittent leave a Health Care Provider certification ***is*** required.  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 Safe Leave.  When receiving Paid Leave Oregon benefits for full day absences, you may use your accrued leave in any amount, up to your normal scheduled hours, or you may use Leave Without Pay. Use of accrued leave for partial day absences protected by FMLA and/or OFLA is outlined in the applicable collective bargaining agreement or policy.  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 leave be protected. 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.  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> |
| 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

Health Care Provider Certification Form