



OREGON FAMILY AND MEDICAL LEAVE
Child Care Leave Certification for OFLA Sick Child Leave

EMPLOYEE INFORMATION

Name (first and last): _____

Agency: _____

Employee OR #: _____

CHILD CARE INFORMATION

Name(s) of child/children being cared for (first and last):

Age(s) of child/children under the age of 14* being cared for: _____

Name(s) of the school or childcare provider(s) that are closed or become unavailable:

Date(s) of the school or childcare provider closure:-

*I am caring for a child who is over the age of 14, and has special circumstances requiring my care during work daylight hours.

I affirm that I have no other alternative for childcare during the dates/times above, including any other family members who are willing and able to care for the above-named child/children.

Employee signature: _____

Date submitted: _____