



FAMILY LEAVE TRACKING FORM

OREGON FAMILY LEAVE ACT

FEDERAL FAMILY AND MEDICAL LEAVE

<p>Employee Name: _____</p> <p>Hire Date: _____</p> <p>Employer's Leave Year Method: _____</p>	<p>OFLA Eligibility: Employee must be employed for 180 calendar days immediately preceeding the first day of leave. ____yes ____no (not eligible)</p> <p>Employee must have worked an average of 25 hours per week during the 180 day period, unless the employee is taking leave for the birth, adoption or foster care of a child. (All employees who meet the 180 calendar days of employment are entitled to take OFLA parental leave.) ____yes ____no (not eligible)</p>	<p>FMLA Eligibility: Employee must be employed for at least 12 months prior to Using Leave (employment need not be consecutive months.) ____yes ____no (not eligible)</p> <p>Employee must have worked at least 1250 hours during the 12 Months immediately preceeding the first day of the leave. ____yes ____no (not eligible)</p>
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Date:	Serious Health Condition of the Employee	Pregnancy Disabilities	Serious Health Condition of the Spouse, Parent, or Child	Serious Health Condition of the Parent-in-Law*, Same Sex Domestic Partner*	Birth, Adoption, Foster Care	Non-serious illness of a Child*	Date:	Serious Health Condition of the Employee	Serious Health Condition of the Spouse, Parent or Child	Birth, Adoption, Foster Care

* These leave categories qualify as OFLA only.
06/11/02