



Employee Services
155 Cottage Street
Salem, OR 97301
(503) 378-3622
(503) 378-6879 fax

INSTRUCTIONS TO EMPLOYEES:

This form must be returned to Employee Services on completion.

For more information refer to the following:

Locate this form and the Employee Information Packet on the Web at: http://oregon.gov/DAS/OP/ES/FMLA_OFILA.shtml

State HR Policy 60.000.15 Family and Medical Leave

DAS PROC-04-020

SEIU CBA Article 56(Sec 9)

Family and Medical Leave of Absence Request Form

Name: _____
I request leave of absence from: _____ to _____
Exec/Mgt Service
Classified Unrep
Classified Rep

RDC: _____ Supervisor: _____ Phone: _____

REQUEST FOR LEAVE

- Your serious health condition - Doctor's statement for verification may be required (Federal & Oregon Law)
Family member (son/daughter, parent {includes adoptive, foster or step-parent}, spouse) with serious health condition - Doctor's statement for verification may be required. (Federal Law)
Family member (son/daughter, parent {includes adoptive, foster or step-parent}, parent-in-law, spouse, or same sex domestic partner) with serious health condition - Doctor's statement for verification may be required. (Oregon Law)
Pregnancy (includes prenatal care, childbirth & recovery) - Doctor's statement for verification may be required. (Federal & Oregon Law)
Care for a newborn child. (Federal & Oregon Law) -Estimated date of birth: _____ Is the child's other parent also requesting time off? [] No [] Yes - If yes, indicate other parent's place of employment: _____
Placement / adoption of child - Child's age: [] Under 18 years [] Over 18 years Is the child's other parent also requesting time off? Yes [] No [] If yes, indicate other parent's place of employment: _____
Care for a sick child suffering from a non-serious illness or injury requiring at-home care. (Oregon Law) Is the child's other parent, or other family relative, available and able to care for the child? ___ Yes ___ No

You are required to use available paid leave (with the exception of compensatory time) while on FMLA/OFLA before using leave without pay. The agency counts all paid and unpaid leave used during FMLA/OFLA leave toward your FMLA/OFLA entitlement with the following exceptions: (Please indicate the exceptions that apply.)

EXCEPTION 1: ALL - You may choose (in advance) to use compensatory time while on FMLA/OFLA leave. If you wish to use your compensatory time, please indicate your choice now. I wish to use Comp time - [] Yes [] No (Contact DAS Payroll with any questions related to using Comp Time.)

EXCEPTION 2: ALL - If you will be receiving payments from your disability insurance, you are not required to use your paid leave, except as required by the disability insurance contract. I will be receiving disability payments. (Check one) Yes [] No []

EXCEPTION 3: Management and Unrepresented: You may reserve up to 40 hours of sick leave, vacation or a combination of both. (Does not apply to reduced or intermittent leave) Designation to save leave must be made in advance. If you want to reserve leave, how many hours (up to 40) would you like to save? ___ SL ___ VA

EXCEPTION 4: SEIU/OPEU Represented: You can elect to save up to a maximum 40 hours of your vacation as long as your combined total of compensatory and vacation hours do not exceed 40 hours. Designation to reserve leave must be made to DAS Employee Services in writing within five (5) business days of the beginning of the qualifying leave. If you want to reserve leave, how many hours (up to 40) would you like to save? _____

Employee Signature _____ Date _____