

Name: _____ UO ID# _____ Date _____

I hereby request leave from: _____ (date)/_____ (time) to: _____ (date)/_____ (time)

WHAT IS THE REASON FOR THE LEAVE YOU ARE REQUESTING? - (Check all that apply and contact Human Resources immediately.) This leave may qualify as FMLA leave which means your medical-dental insurance may be paid for you and the leave will be counted as part of the 12-weeks of FMLA leave you are eligible to take.

WHAT IS THE REASON FOR THE LEAVE YOU ARE REQUESTING?

[] Vacation [] Military Leave [] Jury Duty [] Personal Business

[] Health Condition (check one of the following)

1. [] Your minor illness or [] your immediate family/household's minor illness (if child under 18 years of age, check #5 below) (minor illness does not meet the definition of serious health condition shown on back.)

2. Your serious health condition (see definitions on back). Certification required. FMLA/OFLA Meets definition # _____ on back.

3. Family member's serious health condition. Certification required. FMLA/OFLA Child (under 18) _____ Parent (not in-law) _____ Legal Spouse _____ Meets definition # _____ on back.

4. Family member's serious health condition. Certification required. OFLA ONLY Child (18+) _____ Parent-in-law _____ Same-gender domestic partner _____ Grandchild/grandparent _____ Meets definition # _____ on back.

5. Child requiring home care (only one or no treatments from a health care provider) OFLA ONLY

6. Parental Leave. FMLA/OFLA _____ Care for a newborn child. Date of birth: _____ _____ Placement of a foster child. Date of placement: _____ _____ Adoption of a child. Date of adoption: _____

Do you have a spouse who also works for the State of Oregon, also requesting time off? Yes No

Does your reason for FMLA/OFLA require an intermittent or reduced schedule? Yes No
If 'yes' and you are unable to provide your schedule at this time, you must submit this form each time you use leave. The regulations say employees taking leave for the birth, adoption or placement of a child, are require to take the leave all at once unless the employer elects to grant intermittent or reduced hour leave within a set time frame. Check with your supervisor. Your leave must be taken within 12 months after the birth or placement for adoption or foster care.

Signature of Employee Date

Signature of Supervisor Date

* Note: If FMLA/OFLA leave is requested, you must send a copy of this form to Human Resources for approval and federal recordkeeping requirements.

ELIGIBILITY RULES

Family Medical & Leave Act (FMLA)

Maximum Leave: 12 weeks in a 12-month period (12 consecutive weeks for foster care, adoption, or care for a newborn child unless intermittent or reduced hours leave is approved by the supervisor).

Eligibility: You must have at least 12 months of employment with the State of Oregon (need not be consecutive service time); AND, during your last 12 months of employment prior to the date leave commences, you must have worked at least 1250 hours.

A "Serious Health Condition" means an illness, injury, impairment, or physical or mental condition that involves one of the following: (Conditions that do not meet definition unless complications arise are: common cold, flu, ear aches, upset stomachs, minor ulcers, and headaches other than migraines).

1. Hospital Care

Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity of subsequent treatment in connection with or consequent to such inpatient care.

2. Absence Plus Treatment

- a) A period of incapacity of more than three consecutive calendar days (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:
- (1) Treatment two or more times by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a health care provider; or
 - (2) Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider.

3. Pregnancy

Any period of incapacity due to pregnancy, or for prenatal care.

4. Chronic Conditions Requiring Treatments

A chronic condition which

- (1) Requires periodic visits for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider;
- (2) Continues over an extended period of time (including recurring episodes of a single underlying condition); and
- (3) May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.).

5. Permanent Long-term Conditions Requiring Supervision

A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.

6. Multiple Treatments (Non-Chronic Conditions)

Any period of absence to receive multiple treatments (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy) kidney disease (dialysis).

Oregon Family Leave Act (OFLA)

Maximum Leave: 12 weeks in a 12-month period (some exceptions apply)

Eligibility: For OFLA leaves due to serious health conditions or pregnancy, you must have at least 180 calendar days of consecutive UO employment and have worked an average of 25 or more hours per week during the prior 180 days. There is no hours test for OFLA leaves to care for a newborn child or for adoption.

If eligible only for OFLA, the definition of a serious health condition closely tracks the FMLA serious health condition definition listed above. OFLA also includes a terminal illness or imminent danger of death, constant or continuing care.

If leave qualifies under both the FMLA and OFLA, or the FMLA and contractual benefit provisions, its use is counted against both entitlements. Any FMLA leave will also count as OFLA leave.