

## Request for Family Medical Leave – Oregon and FMLA

PLEASE PRINT

Where the need for the leave may be anticipated, written request for Family Medical Leave must be made, if practical, at least 30 days prior to the date requested leave is to begin.

Name \_\_\_\_\_ Date \_\_\_\_\_

Department \_\_\_\_\_ Title \_\_\_\_\_

Status:      Full Time      Part Time      Temporary

Hire Date \_\_\_\_\_ Length of Service \_\_\_\_\_

I request family medical lave for one or more of the following reasons:\*

- (1) Because of the birth of my child and in order to care for him or her.

Expect date of birth \_\_\_\_\_ Actual date of birth \_\_\_\_\_

Leave to start \_\_\_\_\_ Expected return date \_\_\_\_\_

- (2) Because of the placement of a child with me for adoption or foster care.

Date of placement \_\_\_\_\_.

- (3) In order to care for my spouse, child, parent or parent-in-law with a serious health condition.

Leave to start \_\_\_\_\_ Expected return date \_\_\_\_\_

Please check one:    \_\_\_ Spouse    \_\_\_ Child    \_\_\_ Parent    \_\_\_ Parent-in-law

Please state name and address of relation:

Name: \_\_\_\_\_ Address \_\_\_\_\_

Describe serious health condition \_\_\_\_\_

\_\_\_\_\_

- (4) For a serious health condition which prevents me from performing my functions.

Describe: \_\_\_\_\_

Leave to start \_\_\_\_\_ Expected return date \_\_\_\_\_

Regarding 3 or 4 above, request intermittent (reduced workday hours) or reduced leave (fewer work days each work week) schedule (if applicable, subject to employer's approval). Please describe schedule of when you anticipate you will be available for work: \_\_\_\_\_

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- (5) In order to care for a child with a condition requiring home care which does not meet the definition of serious health condition, and is not life threatening or terminal. Is another family member available to care for the child?      Yes      No

Have you taken a family medical leave in the past 12 months?      Yes      No

If yes, how many work days? \_\_\_\_\_

- I understand that where allowed by the federal or state law, leaves will run concurrently. This means that worker's compensation leave, leave for a non-industrial injury or illness (including paid leave such as sick leave), leave as a reasonable accommodation for a qualified individual with a disability, paid vacation used for a family leave qualifying reason, and federal family medical leave and state family medical leave may all run concurrently and be counted against my annual family medical leave entitlement.
- I understand that I may use accrued sick leave for my own serious health condition (including illness or injury related to pregnancy or childbirth) or parental care and will be required to use accrued vacation leave for all other types of leave. When accrued paid leave is available, it must be submitted for unpaid family medical leave before unpaid leave is taken.
- If my request for leave is approved, it is my understanding that without an authorized extension and where the need for an extension could be anticipated, the County reserves the right to terminate my employment if I do not report to work on the first day following the date my leave is scheduled to end.
- I authorize the County to deduct from my paychecks any employee contributions for health insurance premiums, life insurance, or long-term disability insurance, which remain unpaid after my leave, consistent with state law.
- I have been provided a copy of the County's Family Medical Leave Policy.

Signature of Employer \_\_\_\_\_ Date \_\_\_\_\_

\* A physician's certification may be required to support a request for family medical leave. In addition, a fitness for duty certification may be required before reinstatement following the leave.