

## FAMILY AND MEDICAL LEAVE REQUEST FOR A LEAVE OF ABSENCE

Employee Name:	Job Title:				
Department:	Work Schedule & Days/hours per week:				
Mailing address:	City:		_State/Zip:		
Personal Telephone:	Personal Email:				
Paid Leave Oregon (PLO) regulations require employees scheduled to begin if the need for leave is known in advance, the employee must give written notice as soon	vance. If the	need fo	r leave is not	known at least 30	
For unplanned/unanticipated leave, the employee is e procedures for their department.	expected to f	follow tl	he normal att	endance call-in/re	eporting
If notice is not possible prior to beginning leave, then verleave, followed by confirmation in writing within 3 work		required	d within 24 hou	ırs of the beginnin	ıg of the
This Family and Medical Leave Request is an employee's	written noti	ce to the	City of Hillsbo	oro.	
I have applied for Paid Leave Oregon (PLO) Benefit	s I hav	e not ap	plied for Paid	Leave Oregon (PLO	0)
Additional comments below:					
Oregon Family Leave Act (OFLA) and/or Family Medical I employee with information on their eligibility, rights, an designate and count the leave. An employee may be entired the FMLA, OFLA, PLO, Sick leave, etc.). If so, all leaves under unpaid) will run concurrently unless prohibited by law. Ye employee portal to view related policies, mandatory pos	d responsibili titled to more these and an Visit the City	ities und e than on ny other of Hillsb	ler the family I ne type of leav applicable poli oro's <u>Family a</u>	eave rules and to ve for the same ab icies (whether paid	properly sence (e.g., d and
While on Leave, what is your preferred method of writte	en communic	ation fro	om the City?		
Personal email address (see above.)	Home mailing address (see above.)				
Dates of Requested Leave: FROM:	то:				
Are you requesting leave on an intermittent schedule?	YES		NO		
If requesting intermittent leave or a reduced schedu	le:				
*Describe the frequency and duration of anticipated	l leave				
*Number of days/shifts per week or month of antici	pated leave.				
*Note the medical provider's certification must describe	the frequenc	cy, durat	ion, and reaso	n intermittent lea	ve is

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necessary.

## **Reason for Requested Leave:**

City's approval based on operational needs of the department.] **Pregnancy Disability** If leave is related to the birth of a baby ...... When is the baby due? Sick Child Leave ...... Specify relationship **Public Health Emergency Date Notified** Bereavement Leave...Specify relationship Care for my own serious health condition Care for a family member with a serious health condition. Specify relationship Covered Service Member or Qualifying Exigency leave (Military related leave) Safe Leave..... Self Child Certification may be required from the treating medical professional or other authority to substantiate the leave of absence. **EMPLOYEE ACKNOWLEDGEMENT** 

Parental Leave [Intermittent FMLA (when not run concurrently with PLO) is subject to the

I understand that if my leave is preliminarily designated as leave protected under the FMLA and/or OFLA and if approved; my leave will be counted against my annual FMLA and OFLA leave entitlement.

If eligible, my FMLA and/or OFLA leave will be CONDITIONALLY granted as of the beginning date of my leave. Prior to Human Resources officially designating my protected leave, I must have my or my family member's medical provider complete the Certification of Health Care Provider form; and I must return the completed form to Human Resources within 15 calendar days of this notification. Failure to return the completed form in a timely manner may delay my leave designation.

If my leave is for my own serious health condition, I understand that prior to returning to work, I will be required to provide a release to return to work from my health care provider.

If using leave on an intermittent basis, I understand that it will be my responsibility to notify my supervisor when absences are due to FMLA, OFLA or Paid Leave Oregon reasons. When intermittent leave is needed for planned medical treatment, I am expected to schedule treatment so as not to unduly disrupt the City's operation. For unplanned/unanticipated leave (such as for incidents of unanticipated intermittent leave) I understand I must follow the normal attendance call-in/reporting procedures for my department.

I have read the 6.6 G. Family and Medical Leave City policy and the Employee Rights and Responsibilities under the Family and Medical Leave Act, and I understand my rights and responsibilities under the City policy and leave laws.

I understand ALL employees are required to accurately report their use of leave (including but not limited to intermittent family and PLO leaves) in the City's leave tracking system and on their City timesheet in accordance with established procedures and directives. I understand leave reports in both the tracking system and timesheet must match.

Employee signature:	Date:
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