



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 to notify the employer at least 30 days before the leave is scheduled to begin if the need for leave is known in advance.

For unplanned/unanticipated leave, the employee is expected to follow the normal attendance call-in/reporting procedures for their department.

If notice is not possible prior to beginning leave, then verbal notice is required within 24 hours of the beginning of the leave, followed by confirmation in writing within 3 working days.

This Family and Medical Leave Request is an employee's written notice to the City of Hillsboro.

I have applied for Paid Leave Oregon (PLO) Benefits I have not applied for Paid Leave Oregon (PLO)

Additional comments below:

[Empty rectangular box for additional comments]

Oregon Family Leave Act (OFLA) and/or Family Medical Leave Act (FMLA) regulations require the City to provide the employee with information on their eligibility, rights, and responsibilities under the family leave rules and to properly designate and count the leave.

While on Leave, what is your preferred method of written communication from the City?

Personal email address (see above.) Home mailing address (see above.)

Dates of Requested Leave: FROM: TO:

Are you requesting leave on an intermittent schedule? YES NO

If requesting intermittent leave or a reduced schedule:

*Describe the frequency and duration of anticipated leave.

*Number of days/shifts per week or month of anticipated leave.

*Note the medical provider's certification must describe the frequency, duration, and reason intermittent leave is necessary.

