

WESTERN OREGON UNIVERSITY
FAMILY AND MEDICAL LEAVE REQUEST

Name: _____ V# _____

Title: _____

I request a leave of absence under the Family and Medical Leave Act (FMLA) and/or under the Oregon Family Leave Act (OFLA) beginning on _____ and ending on _____

REASONS FOR LEAVE (Check all that apply)

- Your serious health condition.* Medical certification required. **FMLA**
- Family member (son/daughter, parent (not parent-in-law), legal spouse) with serious health condition.* Medical certification required. **FMLA**
- Child requiring home care (only one or no treatments from a health care provider) **OFLA**
- Parent-in-law with condition that is terminal or requires constant care **OFLA**
- Pregnancy (includes prenatal care, childbirth, and recovery). Medical certification required. **FMLA**
- Care for a newborn child. **FMLA**
- Placement/adoption of child. **FMLA**
- Other reason: _____

Are you requesting intermittent or reduced hours? ___ Yes ___ No
If yes, department, division, and/or dean approval is required. Attach approved schedule.



Employee signature

Date

Supervisor signature

Date

Human Resources

Date

Preliminary notice Medical Certificate submitted Approval Notice 2nd Medical Cert. Denial Notice

NOTE:

ELIGIBILITY RULES

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

Family and Medical Leave Act (FMLA)

Maximum Leave: 12 weeks in a 12-month period (Twelve (12) consecutive weeks for foster care, adoption, or care for a newborn child.)

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 leave request, you must have worked or been paid for at least 1250 hours (classified employees only).

Oregon Family Leave Law

Maximum Leave: 12 weeks in a 12-month period.

To be Eligible:

- Employed at least 180 days prior to the leave request.
- Must work an average of 25 hours or more per week (seasonal and temporaries hired for less than six months are not eligible).

***FMLA Definitions of Serious Health Condition**

1. **Inpatient care** (hospitalization).
2. **Absence from work for more than 3 calendar days that involves continuous treatment of a health care provider (2 or more treatments required).** Examples include heart attacks, heart conditions requiring heart bypass or valve operations, most cancers, back conditions requiring extensive therapy or surgical procedures, strokes, severe respiratory conditions, spinal injuries, appendicitis, pneumonia, emphysema, severe arthritis, severe nervous disorders, injuries caused by serious accidents on or off the job, ongoing pregnancy, severe morning sickness, the need for prenatal care, childbirth and recovery from childbirth.
3. **Absence for a chronic or long-term health care condition that is incurable or so serious, that if untreated would likely result in a period of incapacity of more than 3 calendar days.** You or your family member are under the continuing supervision of a health care provider. Included could be absences to receive treatment for early stage cancer, to receive physical therapy after a hospital stay or because of severe arthritis. Treatment of substance abuse may also be included when in an inpatient treatment facility is required.