



Employee Family Leave Request Form

Your Name: _____ Today's Date: _____

Title: _____ Department: _____

Status: Full-Time Part-Time Temporary

Hire Date: _____ Length of Service: _____

I request one day or less: Date: _____ Hours: _____

I request more than one day: Start Date: _____ Return Date: _____

IF REQUESTING FAMILY LEAVE, PLEASE COMPLETE THIS SECTION

Where the need for the leave may be anticipated, a written request for Oregon Family Medical Leave must be made, if practical, at last 30 days prior to the date requested leave is to begin. (OFSN does not qualify for FMLA as of 5/22/2025)

I request Oregon Family Medical Leave/FMLA for one or more of the following reasons.*

To care for a newborn child

Expected Date of Birth: _____ Leave to Start: _____

For the placement/adoption of child or adult dependent Expected Return: _____

Date of placement: _____

To care for my family member with a serious health condition Please indicate relationship

Leave to Start: _____ Expected Return: _____

Name of Family Member: _____

Address of Family Member: _____

Describe serious health condition:

For my spouse's or domestic partner's military deployment or leave from deployment

Regarding 3, 4 or 5 above, if you are requesting intermittent (reduced workday hours) or a reduced leave schedule (fewer workdays each workweek) (if applicable, subject to OFSN's approval) for medical reasons, either for yourself or family members, please describe your scheduling needs:

To care for a sick child with a non-serious health condition requiring home care. Is another family member willing and able to care for the child?

Yes

No

Have you taken a family leave in the past 12 months?

Yes

No

I understand that, where allowed by the federal or state law, leaves will run concurrently. This means that workers' compensation leave, leave for nonindustrial injury or illness (including paid leave such as sick leave (if any)), leave as a reasonable accommodation for a qualified individual with a disability, paid vacation or sick time used for a family leave qualifying reason, and federal and state family medical and/or military leave may fund concurrently and be counted against my annual family leave entitlement where allowed by law.

I understand that if I am eligible for sick leave, I may use accrued sick leave for my own serious health condition (including illness or injury related to pregnancy or childbirth) or for any purpose covered by OFLA. When accrued paid leave is available, it must be substituted for unpaid family 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, Oregon Family Support Network 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 understand that while on family leave, I will be required to comply with Oregon Family Support Network's call-in rules. I also understand that the company prohibits employees from working for another employer or company without prior written authorization.

I authorize Oregon Family Support Network 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 the state law.

I have been provided a copy of Oregon Family Support Network's Oregon Family Leave Policy.

Signature: _____

Today's Date: _____

Confidentiality: Any disclosure of medical information will be kept in a confidential file and used only for purposes of leave as allowed by law.

*A physician's medical 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. Oregon Family Support Network will not seek or require genetic information from employees or family members.

For OFSN use only:

Initials: _____ Eligibility/Rights and Responsibilities Notice Provided

Initials: _____ Qualification Notice Provided

HR Signature: _____

Today's Date: _____