



Oregon
Family Support
Network

Paid Leave Oregon Employee Notice

Your Name: _____

Today's Date: _____

Paid Leave Oregon is a program available to all employees who have earned \$1,000 in wages over the past 12 months and are contributing to the Paid Leave Oregon fund. Paid leave may be available in the following circumstances:

- To care for and bond with a child during the first year after the child's birth or during the first year after placement through foster care or adoption.
- To care for a family member with a serious health condition.
- Leave from work taken by a covered employee that is made necessary by the employee's own serious health condition.
- To obtain services or treatment relating to domestic violence, sexual assault, criminal harassment, or stalking of the employee, their minor child, or one of the employee's dependents.

Employees are generally required to provide written notice to Oregon Family Support Network at least 30 days prior to the beginning of leave if the leave is foreseeable. If the leave is unforeseeable, an eligible employee may give less than 30 days' notice. However, the employee must give verbal notice within 24 hours of the beginning of leave and must provide written notice within 3 days of beginning leave.

Your leave may also be covered by the Oregon Family Leave Act (OFLA). If your reason is a qualifying reason under OFLA, you may be required to supply Oregon Family Support Network with medical certification necessitating the leave.

For what reason are you requesting leave?

- To care for and bond with a child during the first year after the child's birth or during the first year after the placement of the child through foster care or adoption;
- To care for a family member with a serious health condition;
- Leave to work taken by a covered employee that is made necessary by the employee's own serious health condition;
- To obtain services or treatment relating to domestic violence, sexual assault, criminal harassment, or stalking of the employee, their minor child, or one of the employee's dependents.

For what time period are you requesting leave: _____

If the leave is for a family member, please state their relationship to you: _____

Employee Signature: _____ Date: _____