



# Leave Request Form

Complete this form every time you use any paid or unpaid leave

Employee Name:

Today's Date:

I request 1 day or less on:

(date) from:

until:

I request more than 1 day. Begin Date:

Return Date:

Total number of hours taken: \_\_\_\_\_

I request that my leave be charged to: Sick Leave Personal Leave Unpaid Leave

If OFLA/FMLA or Oregon Sick leave, please complete this section. Otherwise, you may proceed to the signature line at the bottom of the page. Please check one of the following:

Your serious health condition, certification may be required

Family member with a serious health condition. Designate type of family member \_\_\_\_\_

Child requiring home care, non-serious health condition

Pregnancy, includes prenatal care, childbirth and recovery

Care for a newborn child, placement/adoption/foster child

Bereavement Leave

Domestic Violence, Sexual Assault, Stalking

Yours or family member's non-serious health condition. Type of family member \_\_\_\_\_

Routine Medical/Dental Visits for yourself or a family member

Note: In some instances it may be necessary for your Supervisor or Human Resource Director to ask for additional information to determine whether this leave is OFLA/FMLA or Oregon Sick Leave qualifying. If you are requesting an altered or reduced work schedule for medical reasons, either for yourself or family members, please indicate your scheduling needs: (Attach a separate sheet if necessary)

.Confidentiality: Any medical information will be kept in a confidential file and will be used only to determine eligibility for OFLA/FMLA, Oregon Sick Leave and Disability and to track the leave.

Employee's Signature:

Date:

Personal/Unpaid Leave Approved

Personal/Unpaid Leave Not Approved

Supervisor's Signature:

Date:

### For Human Resource Use Only

Leave Designation: OFLA FMLA Both Oregon Sick Leave

Provisional Leave Designation: OFLA FMLA Both Oregon Sick Leave

(pending additional information or medical certification)

Date employee notified: