



PROTECTED LEAVE REQUEST FORM

Employee: To request protected leave (FMLA/OFLA) please complete the form below. If you are eligible for FMLA and/or OFLA leave, please note FMLA/OFLA will run concurrently with Oregon Paid Family and Medical Leave (PFML). Please print clearly and submit this form to your supervisor.

Employees Name: _____ UO ID: _____ Dept: _____

Supervisor: _____ Supervisor Email: _____ Payroll Administrator: _____

First day of leave: _____ (est. due date birth/placement) Return Date: _____ (leave blank if unknown)

Have you filed, or do you intend to file, an Oregon Paid Family and Medical Leave claim with The Standard? Yes No

Preferred communication method while on leave (SELECT ONE):

Email _____ US Mail Address _____

REASON FOR LEAVE

- Serious health condition for myself
- Serious health condition for family member (includes individual related by blood or affinity)
- Military leave – Copy of Military Order required
- Sick Child Leave non-serious health condition
- Parental leave

I am requesting:

- Continuous leave (consecutive hours/days of leave)
- Intermittent leave (smaller blocks of time ranging from less than an hour to a few days at a time)
- Modified work schedule (Workplace Accommodation – Employee only)
- ** HR approves eligibility for FMLA/OFLA leave, but does not approve work schedules or assignments, unless specified by the employee's healthcare provider as a restriction or accommodation.*

LEAVE INFORMATION

Leave for serious health conditions, parental leave, bereavement, or military leave may be eligible for protected leave under the state and federal leave acts (FMLA/OFLA).

MEDICAL LEAVE REQUESTED FOR:

- Own health condition (May include leave due to pregnancy complications.)
 - Is the condition due to an on-the-job injury or illness? Yes No
- Minor illness of a family member.
 - Is the family member under 18 years of age? Yes No
- Serious health condition of a family member.
 - Family member is a: (Check any that apply) Relationship: _____
 - Child under 18
 - Child over 18 but incapable of self-care due to a disability
 - Parent, child, spouse, or next of kin who became injured/ill while on active duty
 - Veteran undergoing medical treatment, recuperation, or therapy for serious illness or injury
 - Exception: other than honorable discharge, or discharged more than five years prior to this request

PARENTAL LEAVE REQUESTED FOR:

- Pregnancy, including prenatal care, birth, and recovery (I am the parent giving birth) Adoption
- Birth of a baby (I am not the parent giving birth) Placement of a foster child

Do you have a spouse who also works at the University of Oregon? Yes No

MILITARY LEAVE

- Family member called to active duty (exigency, non-medical) I have been called to active duty

Employee Signature Date

*I attest affinity as a qualified family member under ORS 659A.150

Supervisor Signature Date

Acknowledgement only, not for approval purposes

Supervisor: Please e-mail form to hrleaves@uoregon.edu 30 days for planned leave, or sooner for eligibility review.