

OFLA provides up to 2 weeks of leave in the event of the death of an immediate family member.

STEP 1: INFORMATION TO READ AND REVIEW

- OFLA Employee Rights Notice
- OIT Notice of Employee Rights

STEP 2: COMPLETE LEAVE REQUEST FORM

- FMLA/OFLA Leave Request Form – complete and return to HR

STEP 3: LEAVE AND LEAVE BENEFITS

- Complete your FMLA/OFLA Attendance Record/Leave Tracking Form and your Employee Leave slip every month

STEP 4: BENEFITS CHANGES (if the death was a dependent on your benefits)

- Mid-Year Change Form - submit to HR within 30 days. Attach a copy of the death certificate.

STEP 5: RETURN TO WORK

- Notify HR at the time of your return

Information to Read and Review

- ◇ OFLA Employee Rights Notice
- ◇ OIT Notice of Employee Rights

1

Complete Leave Request Form

- ◇ FMLA/OFLA Leave Request Form—Complete and return to HR

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Leave and Leave Benefits

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Return to Work

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Oregon

Brad Avakian, Commissioner



FAMILY LEAVE ACT

NOTICE TO EMPLOYERS AND EMPLOYEES

The Oregon Family Leave Act (OFLA) requires employers of 25 or more employees to provide eligible workers with protected leave to care for themselves or family members in cases of death, illness, injury, childbirth, adoption and foster placement. ORS 659A.150-659A.186

When can an Employee take Family Leave?

Employees can take family leave for the following reasons:

- **Parental Leave** during the year following the birth of a child or adoption or foster placement of a child under 18, or a child 18 or older if incapable of self-care because of a mental or physical disability. Parental leave includes leave to effectuate the legal process required for foster placement or adoption.
- **Serious health condition leave** for the employee’s own serious health condition, or to care for a spouse, same-gender domestic partner, custodial parent, non-custodial parent, adoptive parent, foster parent, biological parent, step parent, parent in law, parent of same-gender domestic partner, grandparent, grandchild, a person whom the employee is or was a relationship of in loco parentis, biological, adopted, foster or step child of an employee or the child of an employee’s same-gender domestic partner.
- **Pregnancy disability leave** (a form of serious health condition leave) taken by a female employee for an incapacity related to pregnancy or childbirth, occurring before or after the birth of the child, or for prenatal care.
- **Sick child leave** taken to care for an employee’s child with an illness or injury that requires home care but is not a serious health condition.
- **Bereavement leave** to deal with the death of a family member.
- **Oregon Military Family Leave** is taken by the spouse or same gender domestic partner of a service member who has been called to active duty or notified of an impending call to active duty or is on leave from active duty during a period of military conflict.

Who is Eligible?

To be eligible for leave, workers must be employed for the 180 day calendar period immediately preceding the leave and have worked at least an average of 25 hours per week during the 180-day period.

Exception 1: For parental leave, workers are eligible after being employed for 180 calendar days, without regard to the number of hours worked.

Exception 2: For Oregon Military Family Leave, workers are eligible if they have worked at least an average of 20 hours per week, without regard to the duration of employment.

Exception 3: For compensable Workers Compensation injuries, for certain Workers Compensation injuries involving denied and then accepted claims and for certain accepted claims involving more than one employer.

Exception 4: When an employee is caring for a family member with a serious health condition and the same family member dies, the employee need not requalify with the 25 hour per week average to be eligible for bereavement leave.

How much Leave can an Employee take?

- Employees are generally entitled to a maximum of 12 weeks of family leave within the employer’s 12-month leave year.
- A woman using pregnancy disability leave is entitled to 12 additional weeks of leave in the same leave year for any qualifying OFLA purpose.
- A man or woman using a full 12 weeks of parental leave is entitled to take up to 12 additional weeks for the purpose of sick child leave.
- Employees are entitled to 2 weeks of bereavement leave to be taken within 60 days of the notice of the death of a covered family member.
- A spouse or same gender domestic partner of a service member is entitled to a total of 14 days of leave per deployment after the military spouse has been notified of an impending call or order to active duty and before deployment and when the military spouse is on leave from deployment.

What Notice is Required?

Employees may be required to give 30 days notice in advance of leave, unless the leave is taken for an emergency. Employers may require that notice is given in writing. In an emergency, employees must give verbal notice within 24 hours of starting a leave.

Is Family Leave paid or unpaid? Benefits?

- Although Family Leave is unpaid, employees are entitled to use any accrued paid vacation, sick or other paid leave.
- Employees are entitled to group health insurance benefits during family leave as if they continued working.

How is an Employee’s job Protected?

Employers must return employees to their former jobs or to equivalent jobs if the former position no longer exists. However, employees on OFLA leave are still subject to nondiscriminatory employment actions such as layoff or discipline that would have been taken without regard to the employee’s leave.

FOR ADDITIONAL INFORMATION:

Employer Assistance . . .971-673-0824
 Portland971-673-0761
 Eugene541-686-7623
 Salem503-378-3292

BOLI
 Civil Rights Division
 800 NE Oregon, #1045
 Portland, OR 97232

www.oregon.gov/BOLI

Employees who have been denied available leave, disciplined or retaliated against for requesting or taking leave, or have been denied reinstatement to the same or equivalent position when they returned from leave, may file a complaint with BOLI’s Civil Rights Division.

This is a summary of laws relating to Oregon Family Leave Act. It is not a complete text of the law.

January 2016

THIS INFORMATION MUST BE POSTED IN A CONSPICUOUS LOCATION

EMPLOYEE INFORMATION											
Name:				ID#:							
Department:						Job Title:					
Employee Type:				<input type="checkbox"/> Classified		<input type="checkbox"/> Faculty		<input type="checkbox"/> Unclassified Admin			
Supervisor Name:											
Contact information while on leave											
Personal Email:											
Mailing Address:											
Phone:											
LEAVE INFORMATION											
I am requesting a leave of absence for the following reason:											
<input type="checkbox"/> My own serious health condition						<input type="checkbox"/> To care for my family member with a serious health condition					
<input type="checkbox"/> Birth of my child, and/or to care for the newborn child						<input type="checkbox"/> Qualifying military exigency leave					
<input type="checkbox"/> Placement of a child for adoption/foster care						<input type="checkbox"/> Service member care leave (SMCL)					
<input type="checkbox"/> My child's <u>NON-SERIOUS</u> health condition						<input type="checkbox"/> Bereavement leave					
If applicable, please specify the person the leave is for and the relationship:											
Name:											
Relationship:											
Is the condition due to an on-the-job injury or illness?						<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> N/A	
I am requesting a leave of absence with the following schedule:											
<input type="checkbox"/> Full-time leave from								to			
<input type="checkbox"/> Intermittent leave from								to			
<input type="checkbox"/> Reduced-schedule leave from								to			
Describe proposed intermittent or reduced schedule:											
COMPENSATION DURING LEAVE											
Will you be applying for Short Term Disability (STD)?						<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> N/A	
Will you be using leave during any STD waiting period?						<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> N/A	
Will you be using leave to supplement your STD payment?						<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> N/A	
Specify the types of leave you wish to use, the dates on which to apply it, and the total for each.											
<input type="checkbox"/> Sick Leave			<input type="checkbox"/> Vacation			<input type="checkbox"/> Compensatory Time			<input type="checkbox"/> Leave without Pay		
From	To	Hours	From	To	Hours	From	To	Hours	From	To	Hours
Total Sick			Total Vacation			Total Comp			Total LWOP		
Use my special day on:											
Use my personal days on:											
I will use paid holidays on:											
I wish to retain				hours of vacation (<i>classified only, 40 hours maximum</i>)							

Employee Signature

Date

If your leave qualifies for FMLA and/or OFLA leave, you will have the following rights and responsibilities:

Leave Entitlement: Effective the first day of your leave, time taken under the protected leave laws is counted against your leave entitlement. Generally you are entitled to 12 weeks of protected leave in a rolling 12-month period. The rolling 12-month period is measured backward from the date of any protected leave usage. Some leave types may be entitled to additional protected leave.

Paid Leave: You will be required to use your paid accruals (sick, vacation, etc.) during your FMLA/OFLA leave. This means you will use your paid leave (sick, vacation, etc.) and that such leave will also be considered protected under the FMLA/OFLA leave and counted against your protected leave entitlement.

- All Employees must use available accrued sick leave during FMLA/OFLA leave, unless the employee is on approved FMLA and is utilizing his/her short-term disability benefit.
- Classified Employees: Classified employees must use all accrued vacation leave during FMLA/OFLA leave before going in to unpaid status (leave without pay), unless the employee is on approved FMLA and is utilizing his/her short-term disability benefit. See the Oregon Public Universities/SEIU Collective Bargaining Agreement, Article 47-Vacation Leave, Section 14, regarding an employee's option to retain up to 40 hours of accrued vacation leave.

Upon exhausting all accrued sick leave, classified employees may use accrued compensatory time, and/or personal leave during FMLA/OFLA leave.

After exhausting all paid leave, classified employees may request hardship leave donations. See the Oregon Public Universities/SEIU Collective Bargaining Agreement, Article 40 – Sick Leave, Section 8.

- Unclassified Employees (faculty and administrative staff): Upon exhausting all accrued sick leave, unclassified employees may use accrued vacation leave time during FMLA/OFLA leave before going in to unpaid status (leave without pay).
- Employees may not go in and out of unpaid status, unless on approved FMLA/OFLA and receiving short-term disability benefits through Standard Insurance.

Benefits: Approved FMLA and OFLA Leave: Your health insurance coverage will continue provided you continue to contribute your portion of the premiums. Premiums will be deducted through normal payroll deduction when available. An employee who is in leave without pay status during FMLA and/or OFLA leave will be responsible to self-pay their portion of health insurance premiums directly to the University. Employee paid optional benefit premiums may be also be continued when self-paid by the employee.

If you do not return to work following FMLA and/or OFLA leave you may be required to reimburse the University for the employer share of health insurance premiums paid on your behalf during your leave.

Medical Certification: In order to determine whether an employee's absence qualifies for protected leave under the FMLA and OFLA leave laws, you may be required to provide a medical certification from a qualified health care provider within 15 calendar days of the receipt of your notice for eligibility to take protected leave. It is the

employees' responsibility to ensure a complete and sufficient medical certification is returned to Human Resources within the designated timeframe.

While on approved FMLA or OFLA leave, you may be required to furnish additional medical certifications if requested by Human Resources. The interval between re-certifying will not be less than 30 days, unless the circumstances for your leave have changed significantly.

Failure to provide a complete and sufficient Medical Certification may result in your leave being denied. Denied FMLA and/or OFLA is not protected under the leave statutes and the University may treat the absences as unexcused.

Periodic Check In: While on leave, you are required to check in periodically with Human Resources. You should provide information on your status, any change in circumstances, and if out for a continuous block of time, your intent to return work.

Status Changes: You are required to notify Human Resources if the status of your leave requirements changes. Status changes may include, but are not limited to: a need for continuous leave while on approved intermittent leave; a need for more intermittent leave than the amount currently approved; or a need for leave beyond the current approved end date. If you are on approved leave and no longer require time off for the approved reason, please contact Human Resources to close your file.

Leave Reporting: You are required to record any FMLA/OFLA leave taken on a leave tracking form which should be provided to Human Resources monthly.

Return to Work: If the status of your situation changes and you do not anticipate returning on your scheduled return date, you are expected to notify your supervisor and the Human Resources office as soon as possible.

When you return, you must be able to carry out the essential functions of your position. If your leave was for your own Serious Health Condition, you will be required to provide either a Return to Work form or a medical certification stating you are able to return to work without restrictions.

Reinstatement Rights: Upon returning from protected leave, you have the following reinstatement rights:

- **FMLA:** You must be reinstated to either the same position held when leave began or to an equivalent position. An equivalent position is one that is virtually the same as the employee's former position in terms of pay, benefits, and working conditions and must involve the same or substantially similar duties and responsibilities.
- **OFLA:** You must be reinstated to the position held when the leave began.

If you remain on leave after exhausting your protected leave entitlement (FMLA and/or OFLA), you will not have the reinstatement rights outlined above.

For additional information pertaining to leave, contact the Benefits Consultant at 541-885-1028.

Name: _____

Department: _____

Employee ID#: _____

Instructions: Please record the number of hours you were off each day while on FMLA/OFLA leave. Include holidays.
 Do not include days you would not have been expected to be at work (your normal days off).
 Return this form at the end of each month.

Month	Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total		
Jan																																			
Feb																																			
Mar																																			
Apr																																			
May																																			
Jun																																			
Jul																																			
Aug																																			
Sep																																			
Oct																																			
Nov																																			
Dec																																			

Employee's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____