Employee Leave Request Form
(Please complete this form every time you use any paid or unpaid leave)

Employee Name:____________________________________ Today’s Date____________________

I request 1 day or less:_____________     ________am        to ____________pm
Date                       Time

I request more than 1 day:__________   _______________
Date                 Hours             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 signature line
at bottom of page. Please check one of the following:

___ Your serious health condition, certification may be required
___ Family member with serious health condition  Designate type of family member ____________
___ Child requiring home care, non-serious health condition
___ Pregnancy, includes pre-natal care, child birth and recovery
___ Care for a newborn child, placement/adoption/foster child
___ Bereavement Leave
___ Domestic Violence, Sexual Assault, Stalking
___ Yours or family member non-serious health condition   Designate type of family member__________
___ Routine Medical/Dental Visits for yourself or 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)

Employee’s Signature:_________________________________________

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.

_________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 (pending additional information or medical certification):

_____OFLA  _____FMLA  _______Both  _______Oregon Sick Leave

Date employee notified:_____________________________