## Notification/request for Ofla/fmla and/or Paid leave Oregon insurance form

NOTICE TO EMPLOYEE: Upon receipt of this form, your request will automatically be reviewed for OFLA/FMLA qualification. If you are NOT notifying and NOT requesting Paid Leave Oregon Insurance, then mark the type of leave below as OFLA/FMLA ONLY.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name: | | | Last Name | | |
|  | | |  | | |
| Contact phone number: Contact Email: | | | | | |
|  | | | | | |
| Type of Leave: PAID LEAVE OREGON INSURANCE (Check one). | | | | | |
|  | Family Leave | |  | Medical Leave | |
|  | Safe Leave | |  | OFLA/FMLA ONLY\* I will not be applying for Paid Leave Oregon Insurance | |
|  | | |  | | |
| Explanation of the need for leave: | | | | | |
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|  | | |  | | |
| Anticipated Start Date: | | |  | | |
|  | | |  | | |
| Anticipated End Date: | | |  | | |
|  | | |  | | |
| Anticipated Return Date, if different than End Date: | | |  | | |
|  | |  | | |  |
| Employees Signature | |  | | | Received by |
|  | |  | | |  |
| Date | |  | | | Date |