## 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: |
|  |
|  |  |
| Anticipated Start Date: |  |
|  |  |
| Anticipated End Date: |  |
|  |  |
| Anticipated Return Date, if different than End Date: |  |
|  |  |  |
| Employees Signature |  | Received by |
|  |  |  |
| Date |  | Date |