

Dear Employee:

You either advised the district that you were requesting a leave of absence or the district learned you may need a leave of absence that may qualify under the Oregon Family Leave Act (OFLA) and/or the Family and Medical Leave Act (FMLA). On behalf of the district, we wish to extend you our support. At the same time, we want to stress the requirement that you communicate with your supervisor and the district throughout the process. Leaves of absence that qualify for family medical leave will be provided to you in compliance with the law and with your collective bargaining agreement.

Please complete the **OFLA/FMLA request form** and submit the form to Human Resources. You will also need to select the appropriate **medical certification form** which your health care provider must complete and return to Human Resources.

It is your responsibility to complete and return the OFLA/FMLA **request form** and accompanying documentation (**appropriate medical form**) to Human Resources **within 30 calendar days prior to a known event or within 15 calendar days after an unplanned event**; otherwise, your protected leave status may be revoked. The consequence of you not providing a complete and timely **medical certification form** is that your absence may not be protected under the law. If your absence is not protected, it may be counted as an incident of absenteeism and discipline may follow for excessive absenteeism. If you need assistance or have additional questions, please contact Human Resources.

Sincerely,

North Clackamas School District
Human Resources Department

