



Leave Request: Paid Leave Oregon
Employee Eligible: Yes No
 Original Request Revision Cancellation
Receipt by HR: _____

Notice for Paid Leave Oregon

INSTRUCTIONS FOR COMPLETION:

- **30-day Notice:** If you know you will need to use Paid Leave for an upcoming medical procedure, to have a child, to adopt a child, or for any other [qualifying life event](#), notice must be provided to HR at least 30 calendar days before you take leave.
- **24-hour Emergency Notice:** In an emergency, you must notify HR that you plan to use Paid Leave Oregon within 24 hours and must follow up with a written notice to HR(Ann Adams) within 3 days after the start of leave. The District requests as much advanced notice as possible.
- **If you do not provide notice to HR (Ann Adams), this may reduce your first weekly benefit payment by up to 25%.**
- All leaves qualifying as Paid Leave Oregon will run concurrently with FMLA or OFLA or both.
- Eligibility and approval of Paid Leave Oregon is determined by the Oregon Employment Department, not the District.
- For more details and to learn more about Paid Leave Oregon, visit the [Paid Leave Oregon](#) website.
- Upon completion of this notification form, submit this notice to Ann Adams at ann.adams@amity.k12.or.us. If you have questions, call Ann Adams for assistance (503-835-2171).
- **Confidentiality:** Any disclosure of medical information will be kept in a confidential medical file.

Name: _____
Department: _____
Supervisor: _____

Best contact phone number: _____
Job Title: _____

Begin Leave(date): _____ End Leave(date): _____
 Continuous OR Intermittent

Have you taken Paid Leave Oregon leave in the past 12 months? No Yes - If yes, previous date: _____

Please indicate the reason for leave: (See page 2 for qualifying events) (Check only one)

Family Leave Safe Leave Medical leave

If for a family member with a serious health condition, please identify family member/relationship: _____

Will you also be using earned paid leave? No Yes
 Vacation Sick leave Personal leave Non-contract N/A

(The District allows employees to use earned paid leave in addition to receiving paid family and medical leave insurance benefits to replace an employee's wages up to 100 percent. You are required to provide evidence of the amount of payment received from PLO.)

If my request for leave is approved, it is my understanding that without an authorized extension when the need for an extension could be anticipated, I must report to duty on the first workday following the date my leave is scheduled to end. I understand that failure to do so may constitute unequivocal notice of my intent not to return to work and the District may terminate my employment.

EMPLOYEE SIGNATURE: _____ Date: _____

The District participates in Paid Family and Medical Leave Insurance (PFMLI) and Paid Leave Oregon (PLO). This includes submitting employee and employer contributions to the Employment Department as required by state law. The District does not administer PFMLI or PLO. All applications and questions should be directed to the Employment Department. District Board Polices: Paid Family Medical Leave GDBDF / GDBDF AR

You can take paid leave (through the PLO program):

- To care for yourself or members of your family during the birth of a child, or to bond with a child after birth, adoption, or placement of a child in your home through foster care.
- To care for yourself during a serious health condition.
- To care for a family member when they have a serious health condition.
- If you or your child experience sexual assault, domestic violence, harassment, or stalking.

PLO defines a family member as:

- Your spouse or domestic partner.
- Your child (biological, adopted, stepchild, or foster child), your spouse or domestic partner's child, or the child's spouse or domestic partner.
- Your parent (biological, adoptive, stepparent, foster parent, or legal guardian), the parent of your spouse or domestic partner, or your parent's spouse or domestic partner.
- Your sibling or stepsibling or their spouse or domestic partner.
- Your grandparent or your grandparent's spouse or domestic partner.
- Your grandchild or your grandchild's spouse or domestic partner.
- Anyone you are related to by blood.
- Anyone who is connected to you and has a family relationship.

PLO considers your health conditions to be serious if any of the following examples apply to you:

- Your condition requires hospitalization, ongoing professional care, specialized treatments, or multiple appointments with your provider. Examples include, but are not limited to, overnight hospitalizations, home health care treatments, dialysis, physical therapy, or hospice care.
- Your condition has been diagnosed as terminal, chronic, or periodically or permanently incapacitating. Examples include, but are not limited to, cancer, paralysis, or multiple sclerosis.
- Your condition requires surgery and/or treatments to prepare for surgery.
- Your condition involves a period of disability because of pregnancy, childbirth, miscarriage, or stillbirth. It can also include an absence from work for prenatal care, meaning care you need before giving birth.
- Your condition involves an absence from work to donate a body part, organ, or tissue. This includes treatments before surgery, surgery itself, treatments after surgery, and the time you need for recovery.

You are covered under safe leave if any of the following examples apply to you:

- You need legal assistance or help from the police to protect you or your child's health and safety. This includes preparing for and participating in court hearings that are related to sexual assault, domestic violence, harassment, or stalking.
- You or your child need medical treatment or to recover from injuries that were caused by domestic violence, harassment, sexual assault, or stalking.
- You or your child are getting counseling from a mental health professional because of an experience with sexual assault, domestic violence, harassment, or stalking.
- You or your child are getting services from a victim services provider because of an experience with sexual assault, domestic violence, harassment, or stalking.
- You need to move or make your current home secure to protect you or your child's health and safety.

Your job will be protected while you are on leave if you have worked for the District for at least 90 consecutive days.

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