



Family and Medical Leave Information Form

City of Eugene – Employee Resource Center
940 Willamette St. Suite 200 Eugene, OR 97401
Phone 541-682-5061 Fax 541-650-3032
COEBenefitsLeaveTeam@ci.eugene.or.us

EMPLOYEE - To request protected leave, please complete the form and submit to ERC Leaves staff.

Employee's Name: _____ Preferred Phone #: _____

Employee ID: _____ Dept.: _____ Supervisor's Name: _____

Date of Hire (Month & Year): _____ Timekeeper's Name: _____

Date of first day of leave: _____ (for the birth or placement of a child, enter estimated due date)

Date of return: _____ Check if End Date Unknown

I am requesting:

- Continuous Leave (consecutive hours/days of leave)
- Intermittent Leave (periodic days off)
- Reduced Schedule (such as working half time or three days per week)

The Leaves team approves eligibility for FMLA/OFLA leave and will rely on the returned medical certification from your doctor to support requested time out and/or reduced schedule.

REASON FOR LEAVE

Employee's Serious Health Condition

Did you file a Workers' Compensation Claim in relation to this illness or injury? Yes No

Refer to the [Family & Medical Leave Guide](#) for more information on Family & Medical Leave for Workers' Comp claims.

Care of Family Member with Serious Health Condition

Family member's name/relationship to employee: _____

Reason for leave/what care will you provide? _____

If family member is a child, is child under age 18 or mentally or physically disabled? Yes No

Refer to the [Family & Medical Leave Guide](#) for a list of all FMLA and OFLA qualifying family members.

Pregnancy (any period of disability due to pregnancy, absences for prenatal care, or recovery from childbirth)

Birth of a Child/Adoption or Placement for Adoption of a Child (Parental Leave):

Is leave requested on an intermittent basis? Yes No

(Parental Leave form is required of all [EPD](#) and [Fire](#) employees)

Servicemember Family Leave (to care for a member of the armed forces who is undergoing medical treatment, recuperation, or therapy for a serious illness or injury that was incurred in the course of active duty)

Qualifying Exigency Leave (OMFLA) (leave in relation to a spouse, son, daughter, or parent on active duty or has been notified of an impending call or order to active duty, in support of a contingency operation for the National Guard or Reserves only)

Leave for Victims of Domestic Violence, Sexual Assault or Stalking (Leave for the victim or the parent or guardian of a victim who is a minor child)

OFLA Non-Serious Sick Child (an illness/injury requiring home care but is not a serious health condition or if your child's school or childcare provider is closed due to a statewide public health emergency declared by a public health official.) **Oregon currently does not have an active public health emergency.**

OFLA Bereavement Leave (to deal with the death of a family member): **Relationship to employee:** _____

SERIOUS HEALTH CONDITION INFORMATION (complete this section if leave is due to a serious health condition)

On the following page, is a description of various "serious health conditions" categories that will qualify under the Family & Medical Leave Acts. Please check the category(s) that apply to your situation:

- | | |
|--|--|
| <input type="checkbox"/> Absence Plus Treatment | <input type="checkbox"/> Chronic Condition Requiring Treatment |
| <input type="checkbox"/> Hospital Care/Inpatient | <input type="checkbox"/> Multiple Treatments (non-chronic condition) |
| <input type="checkbox"/> Permanent/Long Term Condition Requiring Supervision | <input type="checkbox"/> Pregnancy/Prenatal Care |
| <input type="checkbox"/> Other: _____ | |

FORM COMPLETED BY:

Name: _____ **Date:** _____

Please email form to COEBenefitsLeaveTeam@ci.eugene.or.us or fax to 541-650-3032 for processing.

TO BE COMPLETED BY EMPLOYEE RESOURCE CENTER

Date Received: _____	Total Reg. Hrs. Worked in last 12 Months: F_____ O_____
FMLA/OFLA Coded in last 12 Months: _____	Eligible Family Member: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Eligible for: <input type="checkbox"/> FMLA/OFLA <input type="checkbox"/> FMLA <input type="checkbox"/> OFLA	Med Cert Due: _____
Provisional Sent: _____	Final Sent: _____
Denial Sent: _____	

DEFINITION OF A "SERIOUS HEALTH CONDITION"

A "serious health condition" is defined as an illness, impairment, physical or mental condition that involves one of the following:

1. Hospital care – Inpatient care (i.e., overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care.

2. Absence plus treatment – A period of incapacity of more than three consecutive calendar days (including any period of incapacity or subsequent treatment relating to the same condition), that also involves:

(a) Treatments two or more times, within 30 days of the first day of incapacity, unless extenuating circumstances exist, by a licensed healthcare provider, nurse, or physician's assistant under direct supervision of a healthcare provider, or by a provider of healthcare services (e.g., physical therapist) under orders of, or on referral by, a healthcare provider and with the first (or only) in-person treatment visit taking place within seven days of the first day of incapacity, **or**;

(b) Treatment by a healthcare provider on at least one occasion which results in a regimen of continuing treatment under supervision of the healthcare provider.

(1) Treatment includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment DOES NOT include routine physical, dental, or eye examinations.

(2) A regimen of continuing treatment includes, for example, a course of prescription medication (e.g., an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition. A regimen of treatment DOES NOT include the taking of over-the-counter medications such as aspirin, antihistamines, or salves; or bed rest, drinking fluids, exercise, or any other similar activities that can be initiated without a visit to a healthcare provider.

3. Pregnancy/Prenatal care – Any period of incapacity due to pregnancy, pregnancy-related illness, or for prenatal care.

4. Chronic conditions requiring treatments – A chronic serious health condition is one which:

(a) Requires periodic visits (defined as at least twice a year) for treatment by a healthcare provider, nurse, or physician's assistant under direct supervision of a healthcare provider;

(b) Continues over an extended period of time (including recurring episodes of a single underlying condition); and

(c) May cause episodic rather than continuing periods of incapacity (e.g., asthma, diabetes, epilepsy, etc.)

5. Permanent/ long-term condition requiring supervision – A period of incapacity that is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a healthcare provider. Examples include Alzheimer's, a severe stroke, or the terminal states of a disease.

6. Multiple treatments (non-chronic conditions) – Any period of absence to receive multiple treatments (including any period of recovery therefrom) by a healthcare provider or by a provider of healthcare services under orders of, or on referral by, a healthcare provider, either of restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), kidney disease (dialysis).

Definition of Incapacitated: Inability to work, attend school, or perform other regular daily activities due to the serious health condition, treatment therefore, or recovery therefrom.

Definition of Treatment: Includes examinations to determine if a serious health condition exists and for evaluations of the condition. The definition does not include routine physical examinations, eye examinations or dental examinations.

Exigency Leave: Military events and activities related to deployment, including but not limited to arranging child care, financial and legal arrangements related to deployment, counseling, post-deployment activities sponsored by the military.