



Family and Medical Leave Information Form

City of Eugene – COE Benefits Leave Team

To request protected leave under FMLA/OFLA, please complete this form and return to the Benefits Leave Team via email at COEBenefitsLeaveTeam@ci.eugene.or.us or fax to 541-650-3032. Questions can be directed to the Benefits Leave Team also via email at COEBenefitsLeaveTeam@ci.eugene.or.us or by phone at 541-682-5062. Additional information and resources on protected leave are available 24/7 on the [Family and Medical Leave webpage](#).

TO BE COMPLETED BY BENEFITS LEAVE TEAM		
Date Received:	F/O Hrs. Worked in last 12 Months:	F/O Coded in Leave Year:
Eligible Family Member: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Eligible for: <input type="checkbox"/> F/O <input type="checkbox"/> FMLA <input type="checkbox"/> OFLA	PFML Initiated: <input type="checkbox"/> Yes <input type="checkbox"/> No
Provisional, Final, or Denial Sent:	Med Cert Due:	
Notes:		

EMPLOYEE		
Employee Name (FIRST MI LAST)	Employee ID #	Department
Preferred Phone #	Personal Email	Supervisor's Name

LEAVE INFORMATION	
Date of First Day of Leave	Date of Return (leave blank if unknown)
<input type="checkbox"/> Continuous Leave (consecutive hours/days of leave) <input type="checkbox"/> Intermittent Leave (periodic days off) <input type="checkbox"/> Reduced Schedule (such as working ½ time or 3 days/week)	
The Benefits Leave Team approves eligibility for FMLA/OFLA leave and relies on the returned medical certification from the healthcare provider to support requested time out and/or a reduced schedule.	
Have you applied for Paid Family and Medical Leave through The Hartford? <input type="checkbox"/> Yes <input type="checkbox"/> No If you haven't applied for Paid Family and Medical Leave (PFML) through The Hartford, will you? <input type="checkbox"/> Yes <input type="checkbox"/> No To initiate a PFML claim through The Hartford, you can do so by using one of the following methods: <ul style="list-style-type: none">• By Telephone - How to File a Telephonic Claim• Computer/Digital Device - How to File a Digital Claim	
PFML is optional and you are not required to file a claim. When applicable, FMLA and/or OFLA will run concurrent with PFML.	
Additional information and resources on PFML can be found on the Paid Family and Medical Leave webpage .	

REASON FOR LEAVE **EMPLOYEE'S SERIOUS HEALTH CONDITION**

- | | |
|--------------------------------------------------------------------------|----------------------------------------------------------------------|
| <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 Cond. Requiring Supervision | <input type="checkbox"/> Pregnancy/Prenatal Care/Childbirth Recovery |
| <input type="checkbox"/> Other _____ | |

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

 CARE OF A FAMILY MEMBER WITH A SERIOUS HEALTH CONDITION

Family Member's Name _____ Relationship: _____

If for a child, are they under age 18 (or over 18 but incapable of self-care due to disability?) Yes No

- | | |
|--------------------------------------------------------------------------|----------------------------------------------------------------------|
| <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 Cond. Requiring Supervision | <input type="checkbox"/> Pregnancy/Prenatal Care/Childbirth Recovery |
| <input type="checkbox"/> Other _____ | |

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

 BIRTH OF A CHILD, ADOPTION OF A CHILD, OR PLACEMENT OF A FOSTER CHILD

(for the birth or placement of a child, enter estimated due date as the date of first day of leave above)

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*)

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 attend the funeral, make arrangements necessitated by the death, or to grieve the death of a family member) Relationship: _____

FORM COMPLETED BY

Name

Date

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 childcare, financial and legal arrangements related to deployment, counseling, post-deployment activities sponsored by the military.