

Douglas County  
School District 15

Code: GCBDA/GDBDA-AR(3)  
Revised/Reviewed: 10/08/03; 11/17/14  
Orig. Code(s): GCBDA/GDBDA-AR(3)

**Sample Letter to Employee – OFLA Leave**

*The following is a sample cover letter to an employee notifying the employee that the employer is treating a request for leave as a request for OFLA leave (either paid or unpaid) that will reduce the employee's OFLA leave entitlement. This letter should be mailed to the employee within two working days after the employee's request for the leave along with the OFLA notice form.*

Dear Employee:

On \_\_\_\_ (date) \_\_\_\_ you advised the district that you were requesting a leave under the Oregon Family Leave Act (OFLA). Under our policy, leaves of absence that qualify for family and medical leave under state law run concurrently with other types of leave such as sick leave, vacation leave, short-term disability leave and leave for a workers' compensation injury or illness.

We understand the purpose of your requested leave qualifies as family medical leave under state law. Accordingly, this letter is to notify you that the leave will be counted against your annual OFLA leave entitlement. Also attached is a form entitled OFLA Notice to Employee which contains other information for you regarding state family medical leave rights.

Sincerely,

Superintendent

Enclosure (OFLA Notice to Employee form)