

**Military Family Leave**

**Section 1: To be completed by the district:**

The Oregon Military Family Leave Act (OMFLA) provides that a district may require an employee seeking OMFLA leave due to notification of impending call to active duty or deployment to submit a certification. Employees may not be asked to provide more information than allowed under the OMFLA regulations.

District: \_\_\_\_\_

Superintendent or designee information: \_\_\_\_\_

**Section 2: To be completed by the employee:**

Complete the information below fully and completely. The OMFLA permits the district to require that you submit a timely, complete and sufficient certification to support a request for OMFLA leave due to notification of impending call to active duty or deployment. Several questions in this section seek a response as to the frequency or duration of the qualifying exigency. Be as specific as you can; terms such as “lifetime,” “unknown” or “indeterminate” may not be sufficient to determine OMFLA coverage. Your response is required to obtain a benefit. While you are not required to provide this information, failure to do so may result in a denial of your request for qualifying leave. The district must give you at least 15 calendar days to return this form to the district.

Employee’s name: \_\_\_\_\_  
First Middle Last

Name of covered military member on active duty or call to active duty status in support of a contingency operation:  
\_\_\_\_\_  
First Middle Last

Relationship of covered military member to you: \_\_\_\_\_

Period of covered military member’s active duty: \_\_\_\_\_

**Part A: Qualifying reason for leave**

Describe the reason you are requesting OMFLA (include specific reason below):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part B: Amount of leave needed**

1. Approximate date deployment commenced or will commence \_\_\_\_\_

Probably duration \_\_\_\_\_

2. Will you need to be absent from work for a single continuous period of time due to the deployment?

Yes  No

If yes, estimate the beginning and ending dates for the period of absence \_\_\_\_\_

3. Will you need to be absent from work periodically to address this deployment?

Yes  No

If yes, estimate the schedule of leave, including the dates of any scheduled meetings or appointments:

\_\_\_\_\_  
\_\_\_\_\_

**Part D: Employee Signature**

I certify that the information I provided above is true and correct. For OMFLA purposes notice must be given by the employee within five business days of receiving official notice.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date