

**Klamath County  
School District**

Code: **GCBDA/GDBDA-AR(5)(B)**  
Revised/Reviewed: 5/21/09; 5/17/12; 8/10/17  
Orig. Code(s): GCBDA/GDBDA-AR(5)(B)

**Sample Designation Letter to Employee - FMLA/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 FMLA and/or OFLA leave (either paid or unpaid) that will reduce the employee's FMLA and/or OFLA leave entitlement. This letter, along with the Designation Notice –FMLA/OFLA form GCBDA/GDBDA-AR(6) or the FMLA/OFLA Eligibility Notice form GCBDA/GDBDA-AR(4), should be mailed to the employee within five working days after receiving enough information to determine whether the leave qualifies under FMLA or OFLA.*

Dear Employee:

On \_\_\_\_\_ (date) you advised the district that you were requesting a leave that may qualify for protected time under the Family and Medical Leave Act (FMLA) and/or the Oregon Family Leave Act (OFLA). Under our policy, a leave of absence that qualifies for family and medical leave under federal law (FMLA), may run concurrently with other types of leave such as sick leave, vacation leave, short-term disability leave, OFLA and leave for a workers' compensation injury or illness. A leave of absence that qualifies for family and medical leave under state law (OFLA) may run concurrently with other types of leave such as sick leave, vacation leave, short-term disability leave, but cannot run concurrently with a leave for a workers' compensation injury or illness (unless you refuse a light-duty assignment).

If you have any questions regarding your leave, now or at any time during your leave, please contact the human resources office as soon as possible.

Sincerely,

Human Resource Director

Enclosure (FMLA and/or OFLA Designation Notice form)