

Designation Notice – FMLA/OFLA

Leave covered under the Family and Medical Leave Act (FMLA) and/or the Oregon Family Leave Act (OFLA) must be designated as FMLA and/or OFLA-protected and the district must inform the employee of the amount of leave that will be counted against the employee’s FMLA and/or OFLA leave entitlement. In order to determine whether leave is covered under the FMLA and/or OFLA, the district may request that the leave be supported by a certification. If the certification is incomplete or insufficient, the employer must state in writing what additional information is necessary to make the certification complete and sufficient.

Employee _____

Date _____

We have reviewed your request for leave under the FMLA and/or OFLA or both and any supporting documentation that you have provided. We received your most recent information on: _____

Your request is for FMLA OFLA or both. The FMLA and/or OFLA requires that you notify the district as soon as practicable if dates of scheduled leave change or are extended, or were initially unknown.

Based on the information provided to date, the following number of hours, days or weeks will be counted against your leave entitlement: _____ (Subject to the “Special Rules for Teachers” listed in Administrative Rule GCBDA/GDBDA-AR). If unknown or changes should occur, you have the right to request your leave entitlement once in a 30-day period (if leave was taken in the 30 day period).

Please be advised (check if applicable):

- We are requiring you to use paid leave during your FMLA and/or OFLA leave.
- You will be required to present a fitness-for-duty certificate to be restored to employment. If such certification is not received in a timely manner, your return to work may be delayed. A list of the essential functions of your position is attached and the certification must address your ability to perform these functions.
- Additional information is needed to determine if your FMLA and/or OFLA leave request can be approved.

- The certification you have provided is not complete and sufficient to determine whether the FMLA and/or OFLA applies to your leave procedures. You must provide the following information no later than _____ (at least fifteen calendar days), unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied. The information needed to make the certification complete and sufficient is:

- We are exercising our right to have you obtain a second or third opinion medical certification at our expense, and we will provide further details at a later time.

DETERMINATION:

On _____ you advised the district that you were requesting a leave under the Family and Medical Leave Act (FMLA) and/or Oregon Family Leave Act (OFLA). Under our policy, leaves of absence that qualify for family and medical leave under federal law (FMLA) 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. Leaves of absence that qualify for family and medical leave under state law (OFLA) can run concurrently with other types of leave such as sick leave, vacation leave, short-term disability leave but cannot run concurrently with leave for workers' compensatory injury or illness.

- NOT APPROVED
 - FMLA does not apply to your leave request.
 - OFLA does not apply to your leave request.
 - You have exhausted your FMLA leave entitlement in the applicable 12-month period. (Note: Federal Military Family Leave is on a separate 12 month period.)
 - You have exhausted your OFLA leave entitlement in the applicable 12-month period.
 - Other: _____
- APPROVED. All leave taken for this reason will be designated as checked above and will run concurrently, if applicable.

Superintendent

Date