



FMLA / OFLA Eligibility

DATE:
 TO:
 FROM:
 SUBJECT: Family and Medical Leave Eligibility

On _____, you submitted your initial request for Federal Family and Medical Leave (FMLA) and Oregon Family Leave (OFLA).

The following is the result of our review:

- FMLA** **OFLA**
 Eligible Not Eligible (_____)

Medical certification required (see below under rights):

- Yes** **No**

To determine an employee’s initial eligibility for FMLA and OFLA leave, we look backward on the calendar for one year from the first day of your requested leave to determine if you have worked enough hours and months to be initially eligible for FMLA or OFLA leave.

To qualify for FMLA or OFLA leave you must meet the eligibility requirements:

Employees Eligible for FMLA	Employees Eligible for OFLA
Employee must have been employed by Oregon state government for a total of at least 12 months (if months are non-consecutive there can be no more than a seven-year break in service); and	Employee must have been employed by Oregon state government for a period of 180 calendar days immediately preceding the date leave begins; and
Employee must have worked for at least 1250 hours during the 12-month period immediately preceding the leave.	Employee must have worked an average of 25 hours per week during the 180-day period, unless the leave is to care for a newborn child or newly placed adopted or foster child (parental leave).

When counting the number of hours worked to determine qualification, WESD counts all hours the employee was actually at work, employed as a temporary employee, and/or qualifying absences for military leave. Paid or unpaid leave time does not count as hours worked. In the event you are eligible for FMLA or OFLA leave (for most purposes), WESD reduces your FMLA or OFLA leave entitlement by any amount of FMLA or OFLA leave you have used in the past one year (using a “rolling backward” calculation). If you are an eligible employee requesting FMLA Military Caregiver leave, the amount of leave you are

entitled to use is determined based on a “rolling forward” calculation based on the 12 months immediately following the date FMLA Military Caregiver leave began.

YOUR RIGHTS AND RESPONSIBILITIES UNDER FMLA AND OFLA

Medical Certification:

If you are eligible for FMLA or OFLA or both leaves (as designated above) the law allows (in many cases) WESD to ask you for certification verifying the purpose of your need for leave. **If a certification is required, the certification is attached and it is due within 15 days after the receipt of this request.** The law also requires WESD to inform you that failure to return a required certification may result in denial of the leave or discipline in accordance with law, policy or a collective bargaining agreement.

Requirement to use paid leave while on FMLA and OFLA:

If you are eligible for FMLA, OFLA or both leaves you are required to use all applicable paid leave before using leave without pay. Please complete the **WESD Paid Leave Request Form** to indicate which paid leave you would like to use during your absence.

Insurance information:

If your absence qualifies under FMLA/OFLA, WESD will continue to pay its share of the premium payment for your medical, dental and employee-only life insurance. The law requires WESD to tell you that should you fail to return to work after a FMLA/OFLA-qualifying absence, you may be required to repay WESD for insurance payments made on your behalf. The following exceptions apply: You do not return to work because of a continuation, recurrence or onset of your own or a qualifying family member’s serious health condition, a continuation, recurrence, or onset of a serious illness or injury of a covered service-member; or for other circumstances beyond your control.

If you are on leave without pay, your optional insurances will only continue if you make the premium payments. The payroll department will provide you with more information regarding your insurance.

If your absence qualifies as OFLA only, your insurance will not continue unless you work enough hours in the month or use a sufficient amount of leave in the month to continue insurance for the next month. If you do not qualify for insurance you will receive a COBRA notice from a third party provider, informing you of your right to continue your insurance by paying insurance premiums yourself.

Restoration rights:

If you are requesting leave for your own serious health condition, you may be required to provide WESD with a return to work certification upon your return from leave, verifying whether you are able to return to work, if you have any job-related restrictions and the duration of any restrictions.

If you are returning from leave for OFLA or both OFLA and FMLA, you have a right to be restored to the position of employment you held when your leave began. If the position no longer exists, or if you are returning from a FMLA only leave, you have a right to return to an equivalent position with equivalent pay, benefits and other terms and conditions of employment with the following exception: If your position is eliminated through layoff, WESD will treat you the same as if you were not on **FMLA** or **OFLA** leave and the same as similarly situated employee following policy or applicable collective bargaining agreement.