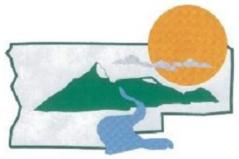
Jefferson County FAMILY LEAVE REQUEST FORM



Employee Name:		
Requested Leave Start Date: Estimated Return to Wo	ork Date:	
REASON FOR REQUESTED LEAVE		
Parental Leave: (OFLA and/or FMLA)		
For the birth, adoption or foster care placement of a child.		
Serious Health Condition: (Use of both OFLA/FMLA may apply)		
To care for my own serious health condition.		
To care for a family member with a serious health condition (check or	ne):	
Spouse	Pare	ent
Domestic Partner (same-gender)	Pare	ent-in-Law
Adult Child over the age of 18 incapable of self-care due to disability	Pare	ent of Domestic Partner
Child (biological, adopted, foster, in-loco-parentis, step-child)	Grar	ndparent
Child of Domestic Partner	Grar	ndchild
	ily memb atus. <i>(Al</i> Parent	oer who has been called t llowed up to 12 weeks)
Military Caregiver Leave - To care for a military family member illness/injury sustained in the line of active duty. (Allowed up to 26 v		recovering from a seriou
Relationship to Employee (circle one): Spouse Child	Parent	Next of Kin
Oregon Military Family Leave: (OMFLA)		
To spend time with a spouse or same-sex domestic partner who is de is on leave from active duty. (Allowed up to 14 days per deployment)		facing deployment, or wh

Bereavement Leave: (OFLA)

	,	tend the funeral, or to grie ne completed within 60 day		, ·	
Rela	tionship to Em				
Have you requested famil	usly for this condition?	Yes	No		
Are you requesting leave	on an intermit	tent schedule for:			
Reduced hours per day?	Yes	No			
Reduced days per week?	Yes	No			
If yes, please explain:					
I understand that I may b and I understand that my I	•	•		• • • •	request
I acknowledge that I under	rstand my emp	loyer's family leave policy.			
Signature:				Date:	

For a more detailed description of each leave, please refer to the Leave of Absence section of the Employee Handbook. Return completed form to the Human Resources Department.