

**Jefferson County  
FAMILY LEAVE REQUEST FORM**



**Employee Name:** \_\_\_\_\_

**Requested Leave Start Date:** \_\_\_\_\_ **Estimated Return to Work 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 one):

<input type="checkbox"/>	Spouse	<input type="checkbox"/>	Parent
<input type="checkbox"/>	Domestic Partner (same-gender)	<input type="checkbox"/>	Parent-in-Law
<input type="checkbox"/>	Adult Child over the age of 18 incapable of self-care due to disability	<input type="checkbox"/>	Parent of Domestic Partner
<input type="checkbox"/>	Child (biological, adopted, foster, in-loco-parentis, step-child)	<input type="checkbox"/>	Grandparent
<input type="checkbox"/>	Child of Domestic Partner	<input type="checkbox"/>	Grandchild

**Sick Child Leave: (OFLA)**

\_\_\_\_\_ To care for a sick child who does not have a serious health condition but requires home care.

**Federal Military Family Leave: (FMLA)**

\_\_\_\_\_ *Qualifying Exigency* – To allow time to handle issues related to a family member who has been called to active duty, or has been notified of an impending call to active duty status. *(Allowed up to 12 weeks)*

**Relationship to Employee (circle one):** Spouse      Child      Parent

\_\_\_\_\_ *Military Caregiver Leave* - To care for a military family member who is recovering from a serious illness/injury sustained in the line of active duty. *(Allowed up to 26 weeks)*

**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 deployed, facing deployment, or who is on leave from active duty. *(Allowed up to 14 days per deployment)*

**Bereavement Leave: (OFLA)**

\_\_\_\_\_ To make funeral arrangements, attend the funeral, or to grieve a family member who has passed.  
(Allowed up to two weeks – must be completed within 60 days from date employee learned of the death)

Relationship to Employee: \_\_\_\_\_

Have you requested family leave previously for this condition? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you requesting leave on an intermittent schedule for:

Reduced hours per day? Yes \_\_\_\_\_ No \_\_\_\_\_

Reduced days per week? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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I understand that I may be required to provide complete and sufficient certification to support my request; and I understand that my leave may be delayed until I return the appropriate certification form.

I acknowledge that I understand my employer'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.***