



Employee Leave Checklist

OFLA provides up to 2 weeks of leave in the event of the death of an immediate family member.

STEP 1: INFORMATION TO READ AND REVIEW

- OFLA Employee Rights Notice
- OIT Notice of Employee Rights

STEP 2: COMPLETE LEAVE REQUEST FORM

- FMLA/OFLA Leave Request Form – complete and return to HR

STEP 3: LEAVE

Information to Read and Review

- ◇ OFLA Employee Rights Notice
- ◇ OIT Notice of Employee Rights

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Complete Leave Request Form

- ◇ FMLA/OFLA Leave Request Form—Complete and return to HR

2

Leave and Leave Benefits

- ◇ Complete your FMLA/OFLA Attendance Record/Leave Tracking Form and your Employee Leave slip every month

3

4

Benefits Changes (If the death was a dependent on your benefits)

- ◇ Mid Year Change Form—Submit to HR within 30 days. Attach a copy of the death certificate.

Return to Work

- ◇ Notify HR at the time of your return

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BUREAU OF LABOR AND INDUSTRIES

Oregon

FAMILY LEAVE ACT

The Oregon Family Leave Act (OFLA) requires employers of 25 or more

Oregon

FAMILY LEAVE ACT



Notice of Employee Rights and Responsibilities FMLA/OFLA Leave

your leave entitlement. Generally you are entitled to 12 weeks of prprotected under the FMLA/OFLA leave and counted again

Public Universities/SEIU Collective Bargaining Agreement, Article 80, Sick Leave, Section 8. e the Oregon

classified Employees (faculty and administrative staff): Upon exhausting all accrued sick leave, classified employees may use accrued vacation time during FMLA/OFLA leave before going in to unpaid status (leave without pay).

employees may not go in and out of unpaid status, unless on approved OFLA and receiving short-term

FMLA/OFLA ATTENDANCE RECORD / LEAVE TRACKING FORM

Name:
 Department:
 Employee ID#:
 Instructions:

Month	Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total	
Jan																																		
Feb																																		
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Dec																																		

Employee's Signature:

Supervisor's Signature:
 Date: