



CITY OF ALBANY EMPLOYEE LEAVE REQUEST

EMPLOYEE INFORMATION

Employee Name:	Department:
Employee Contact Information:	

LEAVE INFORMATION

Date(s) of Absence:		Hours:		Total Hours	Leave Type Code <i>(see below)</i>
<i>From:</i>	<i>To:</i>	<i>From:</i>	<i>To:</i>		
<i>From:</i>	<i>To:</i>	<i>From:</i>	<i>To:</i>		
<i>From:</i>	<i>To:</i>	<i>From:</i>	<i>To:</i>		

Leave Type: Administrative Leave (ADML) | *Bereavement Leave (BERV) | Comp Time (COMP) | Fire Personal Leave (FPL) | Fire Training Hours (TRU) | Floating Holiday (FH) | Jury Duty/Witness Leave (JDWL) | Leave without Pay (LWOP) | Longevity Leave (LONG) | Sick Leave – new (S) | Sick Leave – old (SO) | Vacation (V) | Police Personal Leave (PPL) | Police Holiday Leave (HU)

**See your Union agreement or City Policy, if non-bargaining, for bereavement qualifying family members. (NOTE: Per HR Bereavement Leave Policy, documentation may be required.)*

REASON FOR LEAVE

Specify reason for request:

If reason for leave is any of the following, select all that apply:

- Serious health condition (your own)
- Serious health condition (family member or domestic partner)
- Pregnancy (includes prenatal care, childbirth, and recovery)
- Birth and care for newborn child (parental leave)
- Placement/adoption of a child or adult dependent (parental leave)
- Sick child leave (non-serious health condition requiring home care)
- Military related leave (see page 2 for qualifying events)
- Domestic violence, harassment, sexual assault, or stalking (DVHSAS) (for yourself or a family member)
- Bereavement leave (OFLA): Date deceased: _____
 Qualifying family members (select): spouse same sex domestic partner parent parent-in-law
 child stepchild child of employee's same sex domestic partner
 grandparent grandchild

NOTE: If both spouses/domestic partners are city employees, restrictions may apply (OAR 839-009-0240).

I certify that the leave requested is for the purposes(s) indicated. I understand that I must comply with the City's Union agreements, policies and procedures for requesting leave (and provide additional documentation, including medical certification, if required) and that falsification of information may be grounds for disciplinary action up to and including termination. NOTE: Any receipt of medical information is kept confidential and will only be used to determine eligibility for OFLA/FMLA, to track leave, or to engage in the interactive process.

EMPLOYEE SIGNATURE: _____

DATE: _____

DEPARTMENT APPROVAL

SUPERVISOR SIGNATURE: _____

DATE: _____

- Leave Approved Not Approved

What is a “serious health condition?”

Serious Health Condition - OFLA/FMLA	
<ul style="list-style-type: none"> ■ Inpatient hospital care - an overnight stay in a hospital, hospice, or residential medical care facility. ■ Conditions requiring “constant or continuing care.” ■ Period of incapacity (“Absence Plus Treatment”) ■ Incapacity for more than three consecutive calendar days, including any subsequent treatment or period of incapacity relating to the same condition, which also involves: <ul style="list-style-type: none"> • (a) two or more treatments by a health care provider or • (b) one treatment followed by a regimen of continuing treatment. 	<ul style="list-style-type: none"> ■ Absences for pregnancy related disability or for prenatal care ■ Absences for chronic conditions- periodic visits to a health care provider (at least two visits per year). ■ Multiple treatments for conditions that if not treated would likely result in incapacity of more than three days. ■ Critical illnesses or injuries diagnosed as terminal or which pose an imminent danger of death. ■ Permanent or long-term incapacity due to a condition for which treatment may not be effective, such as Alzheimer’s disease, a severe stroke, or terminal stages of a disease. <p style="text-align: right; font-size: small;">ORS 659.470(6), OAR 839-009-0210(14), 29 CFR §825.114.</p>

Examples of Illnesses Which Generally Do Not Qualify as “Serious Health Conditions”	
<ul style="list-style-type: none"> ■ The common cold ■ Flu ■ Ear aches ■ Upset stomach 	<ul style="list-style-type: none"> ■ Non-serious routine headaches ■ Sore throat ■ Routine medical or dental visits

What is FMLA for Military Leave?
<ul style="list-style-type: none"> ■ Employee has a family member in the Armed Forces (including national Guard and Reserves) being called up to active duty or an impending call or order to active duty in support of a contingency operation or a *qualifying exigency. Active duty leave may be taken by a spouse, son, daughter, or parent of service personnel called to active duty for any issues related to the call-up, and the leave may commence as soon as an individual receives a call-up notice. (*Qualifying exigencies- short-notice deployment, military events and related activities, childcare and school activities, financial and legal arrangements, counseling, rest and recuperation, post-deployment activities, and additional activities where the employer and employee agree to the leave. ■ Employee has a need to care for an injured armed forces service member who is a spouse, son, daughter, parent, or nearest blood relative.

Leave for Domestic Violence, Harassment, Sexual Assault or Stalking (DVHSAS)
<p>Oregon law provides protections for employees who are victims of DVHSAS, or who have minor children or dependents who are victims of DVHSAS. “Victim” means a person who has suffered financial, social, psychological or physical harm as a result of domestic violence, harassment, sexual assault or stalking) committed against the victim, <i>including a member of the victim’s immediate family</i>. OAR 839-009-0340. “Immediate family” means spouse, domestic partner, father, mother, sibling, child, stepchild, grandparent, or any person who had the same primary residence as the victim at the time of the domestic violence, harassment, sexual assault or stalking.</p> <p>OAR 839-009-0340(6). “Dependent” means an adult dependent child substantially limited by a physical or mental impairment as defined by ORS 659A.104(1)(a), (3), and (4) or any adult who the employee has guardianship.</p>