

Community Action Team, Inc.

Employee Leave Request Form (Please complete this form every time you use any paid or unpaid leave)

Employee Name: _____ Today's Date: _____

I request 1 day or less: _____ am to _____ pm
Date Time

I request more than 1 day: _____ / _____ Begin Date _____ Return Date _____
Dates Hours

Total number of hours taken: _____

I request that my leave be charged to: _____ Sick Leave _____ Personal Leave _____ Unpaid leave

I will be traveling outside the state of Oregon to (please indicate) _____
State/Country

If OFLA/FMLA or Oregon Sick Leave, or COVID 19 related, please complete this section. Otherwise, you may proceed to signature line at bottom of page. Please check one of the following:

- Your serious health condition, certification may be required
- Family member with serious health condition, designate type of family member _____
- Child requiring home care, non-serious health condition
- Pregnancy, includes pre-natal care, child birth and recovery
- Care for a newborn child, placement/adoption/foster child
- Bereavement Leave
- Domestic Violence, Sexual Assault, Stalking
- Yours or family member non-serious health condition, designate type of family member _____
- Routine Medical/Dental Visits for yourself or family member
- Schools Closed/Day Care Provider Closed-Parent needs to be home due to COVID 19
- COVID 19 related illness

Note: In some instances it may be necessary for your Supervisor or Human Resource Director to ask for additional information to determine whether this leave is OFLA/FMLA or Oregon Sick Leave qualifying.

If you are requesting an altered or reduced work schedule for medical reasons, either for yourself or family members, please indicate your scheduling needs: (Attach a separate sheet if necessary)

Employee's Signature: _____

Confidentiality: Any medical information will be kept in a confidential file and will be used only to determine eligibility for OFLA/FMLA, Oregon Sick Leave and Disability and to track the leave.

_____ Personal/Unpaid Leave Approved _____ Personal/Unpaid Leave Not Approved

Supervisor's Signature Date

For Human Resource Use Only

Leave Designation: _____ OFLA _____ FMLA _____ Both _____ Oregon Sick Leave _____ **Expanded FFCRA Leave**

Provisional Leave Designation (pending additional information or medical certification):
_____ OFLA _____ FMLA _____ Both _____ Oregon Sick Leave _____ **Expanded FFCRA Leave**

Date employee notified: _____