

Tillamook County FMLA/OFLA Protected Leave Request Form

EMPLOYEE INFORMATION

Print Name: _____ Phone: _____

Supervisor's Name: _____ Department: _____

ANTICIPATED LEAVE DATES

Start Date: _____ End Date: _____ -OR- _____ Check here if date is unknown

Expect to return to work on: _____ Total number of hours _____

QUALIFYING LEAVE

- A. The birth of a child, or the placement of a child with you for adoption or foster care. (FMLA & OFLA)
- B. Your own serious health condition (including pregnancy/prenatal care). (FMLA & OFLA) To care for your: spouse, child (minor or adult disabled) or parent due to his/her serious health condition; (FMLA & OFLA)
- C. To care for a son or daughter under age 18 (under OFLA: an adult disabled child/ under FMLA: age 18 or older and "incapable of self-care because of a mental or physical disability" at the time that FMLA leave is to commence.) if the child's school or place of care has been closed or the childcare provider is unavailable due to a public health emergency related to COVID-19**. (FMLA through December 31, 2020 & OFLA through September 13, 2020) **
Ref: OAR 839-009-0230 (a) Sick child leave includes absence to care for an employee's child whose school or place of care has been closed in conjunction with a statewide public health emergency declared by a public health official. Ref: FFCRA H.R. 6201.
- D. For a qualifying exigency arising out of the fact that your spouse, son or daughter or parent is on covered active duty or call to covered active duty in the Armed Forces. (FMLA only)
- E. To care for your spouse, son or daughter parent, or next of kin who is a covered service-member with a serious injury or illness (FMLA only)
- F. To care for your same-gender domestic partner, adult child, minor or adult child of your same-gender domestic partner, parent of your same-sex domestic partner, parent-in-law, grandparent, grandchild due to his/her serious health condition. (OFLA only)
- G. To care for your non-seriously ill minor or adult disabled child who requires home care. (OFLA only)
- H. To spend time with a spouse or registered same-sex domestic partner who is a member of the Armed Forces of the United States, the National Guard or the military reserve forces of the United States, and has been notified of an impending call or order to active duty or who has been granted leave from deployment. **Note:** For this type of leave, you do not need to work the 180-day minimum and need only work an average of 20 hours per week. However, this leave is limited to 14 workdays per deployment. (OFLA only)
- I. To deal with the death of a family member (i.e. to attend the funeral or funeral alternative, make arrangements necessitated by the death, or grieve the death). **Note:** Leave for this purpose is limited to 2 weeks per death and must be completed within 60 days of being notified of the death. (OFLA only)

APPLICATION COMPLETED BY

Return Completed Forms To:

Tillamook County Human Resources
201 Laurel Ave., Tillamook OR 97141
Fax (503) 842-1339
rjolly@co.tillamook.or.us

Name _____

Signature _____

Date _____

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DEFINITION OF A "SERIOUS HEALTH CONDITION"

A "serious health condition" is defined as an illness, impairment, physical or mental condition that involves one or more of the following:

Hospital care Inpatient care (i.e. overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or as a consequence of such inpatient care.

Absence plus treatment A period of incapacity of more than three consecutive calendar days, including any subsequent treatment or period of incapacity relating to the same condition that also involves:

- (a) Treatments two or more times, within 30 days of the first incapacity, unless extenuating circumstances exist, by a licensed healthcare provider, nurse, or physician's assistant under direct supervision of a healthcare provider, or by a provider of healthcare services (e.g., physical therapist) under orders of, or on referral by, a healthcare provider and with the first (or only) in-person treatment visit taking place within seven days of the first day of incapacity, or:
- (b) Treatment by a healthcare provider on at least one occasion resulting in a regimen of continuing treatment under the supervision of the healthcare provider. Treatment includes examinations to determine if a serious health condition exists and evaluations of the condition. *Treatment does not include routine physical, dental, or eye examinations.*

Regimen of continuing treatment Includes a course of prescription medication such as an antibiotic or physical therapy requiring special equipment to resolve or alleviate the health condition. A regimen of treatment **does not** include taking over-the-counter medications such as aspirin, antihistamines or salves, bed rest, drinking fluids, exercise, and other similar activities that an individual can initiate without a visit to a healthcare provider.

Pregnancy or prenatal care Any period of incapacity for pregnancy, pregnancy-related illness, or prenatal care.

Permanent or long-term conditions requiring supervision A period of incapacity that is permanent or long-term due to a condition for which treatment is potentially ineffective. The employee or family members under supervision of a healthcare provider may not necessarily be receiving active treatment. *(e.g., Alzheimer's disease, a severe stroke, the terminal stages of a disease)*

Multiple treatments not related to chronic condition Any period of absence to receive multitude treatments (including any period of recovery) by a healthcare provider for restorative surgery after an accident or other injury, or for a condition that in the absence of treatment or medical intervention will likely result in a period of incapacity of more than three consecutive calendar days. *(e.g. chemotherapy or radiation for cancer, physical therapy for severe arthritis, dialysis for kidney disease.)*

Chronic serious health conditions requiring treatments A chronic serious health condition is one which:

- (a) Requires periodic visits (defined as at least twice a year) for treatment by a healthcare provider, nurse, or physician's assistant under direct supervision of a healthcare provider.
- (b) Continues over an extended period of time, including recurring episodes of a single underlying condition;
and
- (c) May cause episodic rather than continuing periods of incapacity. *(e.g., asthma, diabetes, epilepsy, etc.)*

Definition of Incapacitated Inability to work, attend school, or perform other regular daily activities due to the serious health condition, treatment therefore, or recovery therefrom.

Definition of Treatment Includes examinations to determine if a serious health condition exists and for evaluations of the condition. The definition does not include routine physical examinations, eye examinations or dental examinations.