



## WASCO COUNTY FAMILY LEAVE REQUEST

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**First Name**

**Middle Initial**

**Last Name**

**Instructions to employee:** Please use this form when you are requesting Federal Family Leave (FMLA), Oregon Family Leave (OFLA), Oregon Military Family Leave (OMFLA), Federal (FMLA) Qualifying Exigency for Military family leave, and/or Federal Serious Injury or Illness of a Covered Servicemember leave (FMLA).

**Reason for requested Leave:**

\_\_\_\_\_ Care for a newborn child, or newly placed adopted or foster child

\_\_\_\_\_ Care for a sick child needing home care; not a serious health condition

\_\_\_\_\_ Care for family member with a serious health condition:

Please circle all that apply:

- Child (Adult Child over the age of 18)
- Child (Biological or Adopted)
- Child (Dependent Adult Child who is substantially limited by a mental or physical disability)
- Child (Domestic Partner's Child)
- Child (Foster Child)
- Child (In-local-parentis)
- Child (Step Child)
- Domestic Partner (Same Gender)
- Domestic Partner's (Same Gender) Child
- Grandchild
- Grandparent
- Parent
- Parent of your Domestic Partner (Same Gender)
- Parent-in-law
- Spouse

\_\_\_\_ Care for my own serious health condition which prevents me from performing my job functions

\_\_\_\_ Bereavement Leave

\_\_\_\_ Parental Leave (Estimated delivery date: \_\_\_\_\_)

\_\_\_\_ Pregnancy Leave (Estimated delivery date: \_\_\_\_\_)

\_\_\_\_ Spend time with a military family member with a "Qualifying Exigency"

- Relationship of covered military member to you \_\_\_\_\_
- Period of covered military member's active duty \_\_\_\_\_

Reason you are requesting FMLA leave due to a Qualifying Exigency:

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\_\_\_\_ Care for a military family member who incurred a serious illness or injury in the course of active duty

- Relationship of covered military member to you \_\_\_\_\_
- Period of covered military member's active duty \_\_\_\_\_

\_\_\_\_ Spend time with a spouse who has been called to active duty or notified of an impending call or order to active duty, or who is on leave from active duty during a period of military conflict

- Period of covered military member's active duty \_\_\_\_\_

\_\_\_\_ Spend time with a same-gender domestic partner who has been called to active duty or notified of an impending call or order to active duty, or who is on leave from active duty during a period of military conflict

- Period of covered military member's active duty \_\_\_\_\_

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

**Date on which you wish to begin your leave:** \_\_\_\_\_

**Date of anticipated return to work:** \_\_\_\_\_

**Are you requesting leave on an intermittent schedule for reduced hours per day?** Yes \_\_\_\_\_ No \_\_\_\_\_

Explanation:

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Are you requesting leave on an intermittent schedule for fewer days per week? Yes \_\_\_\_\_ No \_\_\_\_\_

Explanation:

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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.

Print name: \_\_\_\_\_

Sign name: \_\_\_\_\_ Date: \_\_\_\_\_

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**Please return this form to Human Resources.**