EMPLOYEE REQUEST FOR LEAVE UNDER OREGON MILITARY FAMILY LEAVE ACT (OMFLA)

Section I. Employer Completes this Section

Name of employer:

Human Resource or other employer contact person administering this request for leave:

Information for the Employee: As provided in ORS 659A.093, during a period of military conflict¹, an employee who is a spouse or registered domestic partner² of a member of the Armed Forces of the United States, the National Guard or the military reserve forces of the United States who has been notified of an impending call or order to active duty or who has been deployed, is entitled to a total of 14 days of unpaid leave per deployment that may be taken: (a) after the military spouse or domestic partner has been notified of an impending call or order to active duty and before deployment; and/or (b) when the military spouse or domestic partner is on leave from deployment.

An eligible employee seeking Oregon Military Family Leave must provide their employer with notice of the intention to take leave within five business days of the qualifying spouse or registered domestic partner of the employee receiving official notice of an impending call or order to active duty or official notice of a leave from deployment, or as soon as is practicable when official notice is provided fewer than five days before commencement of the leave.

You are required to provide to the employer contact (designated in Section I of this form) a photocopy of your spouse or registered domestic partner's orders to verify that the request for leave meets the requirements of ORS 659A.090(3) and 659A.093(1).³

Section II. Employee Completes this Section

Failure to complete this form and submit the required documentation may result in a denial of your request for OMFLA leave or a delay of your leave.

Part A: Identity

Name of employee requesting leave:

(first)

(middle)

(last)

(Section II continues on next page)

¹ "Period of military conflict" means a period of war: (a) Declared by the United States Congress; (b) Declared by executive order of the President of the United States; or (c) In which a reserve component of the Armed Forces of the United States is ordered to active duty pursuant to Title 32 of the United States Code or section 12301 or 12302 of Title 10 of the United States Code.

² "Registered domestic partners" are individuals of the same sex who have received a Certificate of Registered Domestic Partnership from the State of Oregon in compliance with ORS 432.405(1) and rules adopted by the State Registrar of the Center for Health Statistics.

³ The eligible employee will provide any required photocopy of the service member's orders within a reasonable time after receiving the covered employer's written request. OAR 839-009-0430.

(Section II continued)			
Name of employee's spouse or registered 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 who has been notified of an impending call or order to active duty or who has been deployed:			
	(first)	(middle)	(last)
Period of spouse's or registered domestic partner's active duty:			
Part B: Documentation A complete and sufficient documentation to support a request for OMFLA leave must include written documentation confirming a covered military member's active duty status. Please check one of the following:			
	A copy of the covered	military member's active duty orders i	s attached.
		from the military certifying that the co fied of an impending call to active duty	-
		sly provided the employer with sufficie d military member's active duty or call	
Part C: Amount of Leave Requested 1. Date of notice of call to active duty or of notice of leave from active duty:			
2. Requested dates of leave from employment:			
 Is employee requesting leave for a single continuous period of time? Yes No If yes, estimate the beginning and ending dates for the period of absence: 			
 4. Is employee requesting leave on an intermittent basis? ☐ Yes ☐ No Anticipated schedule of leave (attach additional pages as needed): 			
Part D: I certify that the information I provided above is true and correct.			
Signature of Employee Date			
Employee returns this form and required documentation listed above to the employer contact designated in Section I.			
Name, address, fax number of employer			