KLAMATH COUNTY
EMPLOYEE LEAVE REQUEST

Please complete this form every time you use any paid or unpaid leave.

EMPLOYEE NAME: _____

TODAY'S DATE: _____

Have you worked for the County for at least 180 calendar days (does not apply to 737 members)? ◯ Yes ◯ No

I request one day or less: _____ ____ : ____ (am/pm) to ____ : ____ (am/pm) _____
Date Hours Requested Total Hours

I request more than one day: _____ _____
Beginning Date Return Date

Total number of hours taken: _____

I request that my leave be charged to: Vacation (V)

Does your leave request qualify as FMLA/OFLA?

FMLA/OFLA Serious Health Conditions Include:

- Inpatient Care
- Critical illnesses or injuries diagnosed as terminal or which pose an imminent danger of death.
- Conditions requiring constant care such as: in a health care facility; home health care administered by health care professionals; conditions that meet the federal "continuing treatment" definition.
- Any period of incapacity due to pregnancy or prenatal care.
- Conditions that are chronic.
- Multiple treatments for restorative surgeries or for conditions that would likely result in a period of incapacity of more than three days without treatment.
- Continuing treatment due to an incapacity lasting more than three consecutive days; and including two or more treatments by a health care provider or one treatment with a continuing regimen of treatment.
- The "three-day rule" does not apply to:
    - Absences for pregnancy related illnesses;
    - Absences for prenatal care;
    - Absences for chronic conditions;
    - Absences for multiple treatment.

  29 CFR 825.114. ORS 659.470(6), OAR 839-009-0210(9), (10).

If requesting FMLA/OFLA leave please request a FMLA/OFLA packet from Human Resources. It is recommended that you contact Human Resources to discuss your benefits.

EMPLOYEE SIGNATURE: _____

LEAVE APPROVED: ◯ **Yes** ◯ **No** **SUPERVISOR SIGNATURE:** _____