

## PROTECTED LEAVE INSTRUCTIONS

1. Complete and sign the Protected Leave Application Form HR017
2. Complete the Protected Leave Authorization for Release of Health Information Form HR018.
3. Take or send the FMLA/OFLA Certification of Health Care Provider form (see attached chart for forms needed based upon leave requested) to your/patient's health care provider or as instructed based upon your protected leave request.
  - a. Please note: Medical Certification is not required for birth/adoption/foster child UNLESS there are medical circumstances resulting in the need for time that are directly related to the pregnancy.
  - b. Some certifications are from Legal entities and or DOD authorized doctors.
4. Return all completed forms to the Human Resource Department. Forms may be mailed or delivered to 555 Liberty St. SE, Room 225, Salem OR 97301, or faxed to our attention. The Human Resource fax number is 503-588-6170. Make sure the health care provider marks the fax as confidential.
5. You will be notified of approval status via regular and certified mail to the address listed on the application. A copy of the notification will be sent to your supervisor.
6. Prior to your return from a protected leave that is for a medical reason you will need to have your provider complete the Release to Return to Work Form HR026, and return it to the Human Resource Department prior to your first day back.

<b>Serious Health Condition</b> (can be intermittent, reduced schedule, or continuous leave)			
<b>Employee / Self</b>		<b>Family Member</b> <b>Spouse, Parent, Child Under 18</b> <b>(OFLA only, Parent-in-law, Same-Sex Domestic Partner, Child over 18, Grandparent or Grandchild)</b>	
1.	Down load form HR016 Protected Leave Instructions	1.	Down load form HR016 Protected Leave Instructions
2.	Complete form HR017 Protected Leave Application	2.	Complete form HR017 Protected Leave Application
3.	Complete form HR018 Protected Leave Authorization for Release of Health Information	3.	Complete form HR018 Protected Leave Authorization for Release of Health Information
4.	Submit forms HR017 and HR018 to the Human Resource Department	4.	Submit forms HR017 and HR018 to the Human Resource Department
5.	Complete and take to your medical provider form HR019 Certification of Health Care Provider for Employee's Serious Health Condition	5.	Complete and take to your medical provider form HR020 Certification of Health Care Provider for Family Member's Serious Health Condition
6.	Submit completed HR019 form to the Human Resource Department	6.	Submit completed HR020 form to the Human Resource Department
7.	Human Resources will provide to you form HR024 Protected Leave Notice of Eligibility and HR025 Rights and Responsibilities for Taking Protected Leave	7.	Human Resources will provide to you form HR024 Protected Leave Notice of Eligibility and HR025 Rights and Responsibilities for Taking Protected Leave
8.	Prior to returning to work you must provide form HR026 Release to Return to Work to the Human Resources Department		

<b>Pregnancy / Parental Leave</b>			
<b>Pregnancy Disability</b> (can be intermittent or reduced schedule -- can be pre and post birth)		<b>Parental Leave</b> <b>Birth, Adoption or Placement of Foster Child</b> (can NOT be intermittent or reduced schedule)	
1.	Down load form HR016 Protected Leave Instructions	1.	Down load form HR016 Protected Leave Instructions
2.	Complete form HR017 Protected Leave Application	2.	Complete form HR017 Protected Leave Application
3.	Complete form HR018 Protected Leave Authorization for Release of Health Information	3.	Complete form HR018 Protected Leave Authorization for Release of Health Information
4.	Submit forms HR017 and HR018 to the Human Resource Department	4.	Submit forms HR017 and HR018 to the Human Resource Department
5.	Complete and take to your medical provider form HR019 Certification of Health Care Provider for Employee's Serious Health Condition	5.	Complete and take to your medical provider form HR019 Certification of Health Care Provider for Employee's Serious Health Condition
6.	Submit completed HR019 form to the Human Resource Department	6.	Submit completed HR019 form to the Human Resource Department
7.	Human Resources will provide to you form HR024 Protected Leave Notice of Eligibility and HR025 Rights and Responsibilities for Taking Protected Leave	7.	Human Resources will provide to you form HR024 Protected Leave Notice of Eligibility and HR025 Rights and Responsibilities for Taking Protected Leave
**	A female who takes leave for a pregnancy-related disability, including routine pre-natal care may take up to an additional 12 weeks for any other qualifying purpose. Additional leave may be OFLA only, depending on how many weeks used of pregnancy disability.  Leave switches from pregnancy disability to parental leave upon medical release from the health care provider.	**	Employees who use a full 12 weeks of parental leave may use up to 12 additional weeks in the same year for sick child leave.  Under certain circumstances, a female could potentially qualify for 36 weeks of leave during one year:  12 weeks OFLA/FMLA pregnancy disability 12 weeks OFLA/FMLA parental leave 12 week OFLA sick child leave
*** If both parents are employees of the City of Salem they are eligible for a combined 12 weeks for the birth, adoption, foster placement of a child. Under FMLA			

<b>Military / Veterans Leave</b>			
<b>Exigency Leave Spouse, Parent, or Child</b>		<b>Serious Injury/Illness of a Current Service Member/Veteran (in the line of duty) Spouse, Parent, Child or Next of Kin</b>	
1.	Down load form HR016 Protected Leave Instructions	1.	Down load form HR016 Protected Leave Instructions
2.	Complete form HR017 Protected Leave Application	2.	Complete form HR017 Protected Leave Application
3.	Submit form HR017 to the Human Resource Department	3.	Complete form HR018 Protected Leave Authorization for Release of Information
4.	Complete Form HR021 Certification of Qualifying Exigency for Military Family Leave	4.	Submit forms HR017 and HR018 to the Human Resource Department
5.	Submit completed HR021 form to the Human Resource Department and active duty orders.	5.	Complete and take to your medical provider the form HR022 or HR023. --HR022 Certification for Serious Injury or Illness of a Current Service Member --HR023 Certification for Serious Injury or Illness of a Veteran
6.	Human Resources will provide to you form HR024 Protected Leave Notice of Eligibility and HR025 Rights and Responsibilities for Taking Protected Leave	6.	Submit completed HR022 or HR023 form to the Human Resource Department
		7.	Human Resources will provide to you form HR024 Protected Leave Notice of Eligibility and HR025 Rights and Responsibilities for Taking Protected Leave
<b>Sick Child (OFLA) Non-serious health condition (can be intermittent or reduced schedule)</b>			
**	If illness/injury is serious, follow the procedures for Serious Health Condition as outlined above		
	If illness/injury is NON-serious, employer or employee follows procedures below:		
1.	Down load form HR016 Protected Leave Instructions		
2.	Complete form HR017 Protected Leave Application		
3.	Complete form HR018 Protected Leave Authorization for Release of Information		
4.	Submit forms HR017 and HR018 to the Human Resource Department		
5.	Human Resources will provide to you form HR024 Protected Leave Notice of Eligibility and HR025 Rights and Responsibilities for Taking Protected Leave		
6.	After third occurrence employee must complete and take to your medical provider Form HR020 Protected Leave Certification of Health Care Provider for Employees Serious Health Condition		
7.	Submit completed HR020 form to the Human Resource Department		
<b>Bereavement Leave (OFLA) Spouse, Parent, Child, Parent-in-law, Same-Sex Domestic Partner, Grandparent or Grandchild</b>			
1.	Down load form HR016 Protected Leave Instructions		
2.	Complete form HR017 Protected Leave Application		
3.	Submit form HR017 to the Human Resource Department		
4.	Human Resources will provide to you form HR024 Protected Leave Notice of Eligibility and HR025 Rights and Responsibilities for Taking Protected Leave		
**	Entitled to two weeks of leave per occurrence but no more than 12 weeks per protected leave year.		
<b>Victims of Certain Crimes Leave Act</b>			
<b>Domestic Violence Related</b>		<b>Leave to Attend Criminal Proceedings (can be intermittent or reduced schedule)</b>	
1.	Down load form HR016 Protected Leave Instructions		
2.	Complete form HR017 Protected Leave Application		
3.	Submit form HR017 and document to certify reason for leave (i.e. police report, letter from attorney) to the Human Resource Department		
4.	Human Resources will provide to you form HR024 Protected Leave Notice of Eligibility and HR025 Rights and Responsibilities for Taking Protected Leave		