

# Jefferson County Education Service District

Code: GCBDA/GDBDA-AR(3)  
Adopted: 1/14/21

## Sample Letter to Employee - OFLA Leave

*The following is a sample cover letter to an employee notifying the employee that the employer is treating a request for leave as a request for OFLA leave (either paid or unpaid) that will reduce the employee's OFLA leave entitlement. This letter should be mailed to the employee within two working days after the employee's request for the leave along with the OFLA notice form.*

Dear Employee:

On \_\_\_\_\_ (date) you advised the ESD that you were requesting a leave that may qualify for protected time under the Oregon Family Leave Act (OFLA). Under our policy, a leave of absence that qualifies for family and medical leave under state law, may run concurrently with other types of leave, including but not limited to, sick leave, vacation leave, short-term disability leave and bereavement leave. OFLA cannot run concurrently with a leave for workers' compensation injury or illness (unless you refuse a light-duty assignment).

[IF APPROVED: [We have determined the purpose of your requested leave qualifies as family or medical leave under state law. Accordingly, this letter is to notify you that the leave will be counted against your annual OFLA leave entitlement. Also attached is a form entitled OFLA Eligibility Notice to Employee which contains other information for you regarding state family medical leave rights, including an estimate of time that will count toward your protected time.] ]

[IF NOT APPROVED: [We have determined the purpose of your requested leave does NOT qualify as family or medical leave under state and/or federal law. You may be entitled to other leave time, under Board policy or the collective bargaining agreement, however, the protections of OFLA will not be observed for this leave.] ]

If you have any questions regarding your leave, now or at any time during your leave, please contact [the personnel office] as soon as possible.

Sincerely,

[Superintendent]

Enclosure (OFLA Eligibility Notice to Employee form)