Jefferson County Education Service District

Code: GCBDA/GDBDA-AR(6) Adopted: 1/14/21

Oregon Military Family Leave

(Leave due to notification of impending call to active duty or deployment)

Section 1: (To be completed by the district)

| The Oregon Military Family Leave Act (OMFLA) provides that a district may require an employee |
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| seeking OMFLA leave due to notification of impending call to active duty or deployment, to submit a |
| notification of the intention to take leave within five business days of receiving official notice. |

| notif | ication of the intention to t | ake leave within f | ive business day | ys of receiving official no | tice. |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------|-------------------|
| Distr | ict Name and Address: | | | | |
| Supe | rintendent or designee info | ormation: | | | |
| Secti | on 2: (To be completed b | y the employee) | | | |
| distri | plete the information below ct to require that you submer e Act due to notification or | nit a timely, comp | lete and sufficie | nt notification for Oregor | |
| Emp | loyee's Name: | | | | |
| | F | irst | Middle | Last | |
| Nam | e of covered military mem | ber on active duty | , called to active | e duty status or deployed: | |
| | First | Midd | lle | Last | |
| Relat | tionship of covered militar | y member to you: | | | |
| Perio | od of covered military men | nber's impending | call to active du | ty or deployment: | |
| confi | rmentation to support a req rming a covered military r of the following and attach e duty or called to covered | nember's active d the indicated doc | uty, call to activ ument to suppor | e duty or deployment stat | tus. Please check |
| | A copy of the covered mi Other documentation from (or has been notified of at I have previously provide military member's active | n the military cert n impending call t d the district with | ifying that the concept of active duty). sufficient written | overed military member i | • |

Part A: Qualifying Reason for Leave

| 1. | Describe the reason you are requesting OMFLA (include the specific reason below, either a) an impending call or order to active duty, or b) impending leave for deployment): | | | | |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| | | | | | |
| Par | et B: Amount of Leave Needed | | | | |
| 1. | The approximate date the active duty or deployment commenced or will commence is: | | | | |
| | The probable duration of such active duty or deployment: | | | | |
| 2. | Will you need to be absent from work for a single continuous period of time due to the active duty or deployment? ☐ Yes ☐ No | | | | |
| | If yes, estimate the beginning and ending dates for the period of absence: | | | | |
| 3. | Will you need to be absent from work periodically to address this active duty or deployment? ☐ Yes ☐ No | | | | |
| | If yes, estimate the schedule of leave, including the dates of any scheduled meetings or appointments: | | | | |
| | | | | | |
| Par | t D: Employee Signature | | | | |
| | rtify that the information I provided above is true and correct. (For Oregon Military Family Leave poses, notice must be given by the employee within five business days of receiving an official notice.) | | | | |
| Sign | nature of Employee Date | | | | |