

FAMILY LEAVE TRACKING FORM

| OREGON FAMILY LEAVE ACT | FEDERAL FAMILY AND MEDICAL LEAVE |
|--|---|
| <p>Employee Name: _____</p> <p>Hire Date: _____</p> <p>Employer's Leave Year Method: _____</p> | <p>OFLA Eligibility: Employee must be employed for 180 calendar days immediately preceding the first day of leave. Yes No (not eligible)</p> <p>FMLA Eligibility: Employee must be employed for at least 12 months prior to using leave (employment need not be consecutive months). Yes No (not eligible)</p> <p>Employee must have worked an average of 25 hours per week during the 180 day period (unless the employee is taking leave for the birth, adoption or foster care of a child. All employees who meet the 180 calendar days of employment are entitled to leave for these purposes). Yes No (not eligible)</p> <p>Employee must have worked at least 1250 hours during the 12 months immediately preceding the first day of the leave. Yes No (not eligible)</p> |

| Date | Serious Health Condition of the Employee | Pregnancy Disability | Serious Health Condition of the Spouse, Parent or Child | Serious Health Condition of the Parent-in-Law* | Birth, Adoption, Foster Care | Non-serious illness of a child* | Date | Serious Health Condition of the Employee | Serious Health Condition of the Spouse, Parent or Child | Birth, Adoption, Foster Care |
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*These leave categories qualify as OFLA only.