



## PROTECTED LEAVES INSTRUCTIONS

1. Complete and sign the Protected Leave Application Form HR017.
2. Complete the Protected Leave Release of Health Information Authorization 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 authorized doctors.
4. Return all completed forms to the Protect Leave Analyst.
  - a. Forms may be mailed or delivered to, 295 Church St. SE Suite 210 Salem OR 97301, or faxed to our attention. The Human Resources fax number is 503-588-6170.
  - b. 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 Protected Leave Analyst prior to your first day back.



## PROTECTED LEAVE INSTRUCTIONS

### Breakdown of forms need based on Leave

<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.	Download form HR016 Protected Leave Instructions	1.	Download 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 Release of Health Information Authorization	3.	Complete form HR018 Protected Leave Release of Health Information Authorization
4.	Submit forms HR017 and HR018 to the Protected Leave Analyst	4.	Submit forms HR017 and HR018 to the Protected Leave Analyst
5.	Complete and take to your medical provider form HR019 Verification of Serious Health Condition	5.	Complete and take to your medical provider form HR019 Verification of Serious Health Condition
6.	Submit completed HR019 form to the Protected Leave Analyst	6.	Submit completed HR019 form to the Protected Leave Analyst
7.	The Protected Leave Analyst will provide to you form HR024 Protected Leave Notice of Eligibility and HR025 Rights and Responsibilities for Taking Protected Leave	7.	The Protected Leave Analyst 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 for Return to Work to the Protected Leave Analyst		



## PROTECTED LEAVE INSTRUCTIONS

<b>Pregnancy / Parental Leave</b>			
<b>Pregnancy Disability</b> <b>(can be intermittent or reduced schedule -- can be pre and post birth)</b>		<b>Parental Leave</b> <b>Birth, Adoption or Placement of Foster Child</b> <b>(can NOT be intermittent or reduced schedule)</b>	
1.	Download form HR016 Protected Leave Instructions	1.	Download 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 Release of Health Information Authorization	3.	Complete form HR018 Protected Leave Release of Health Information Authorization
4.	Submit forms HR017 and HR018 to the Protected Leave Analyst	4.	Submit forms HR017 and HR018 to the Protected Leave Analyst
5.	Complete and take to your medical provider form HR019 Verification of Serious Health Condition	5.	Complete and take to your medical provider form HR019 Verification of Serious Health Condition
6.	Submit completed HR019 form to the Protected Leave Analyst	6.	Submit completed HR019 form to the Protected Leave Analyst
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
<b>*** If both parents are employees of the City of Salem, they are eligible for a combined 12 weeks for the birth, adoption, or foster placement of a child. Under FMLA</b>			

<b>Military / Veterans Leave</b>			
<b>Exigency Leave</b> <b>Spouse, Parent, or Child</b>		<b>Serious Injury/Illness of a Current Service Member/Veteran (in the line of duty)</b> <b>Spouse, Parent, Child, or Next of Kin</b>	
1.	Download form HR016 Protected Leave Instructions	1.	Download form HR016 Protected Leave Instructions
2.	Complete form HR017 Protected Leave Application	2.	Complete form HR017 Protected Leave Application

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3.	Submit form HR017 to the Protected Leave Analyst	3.	Complete form HR018 Release of Health Information Authorization
4.	Complete Form HR021 Certification of Qualifying Exigency for Military Family Leave	4.	Submit forms HR017 and HR018 to the Protected Leave Analyst
5.	Submit completed HR021 form and active-duty orders to the Protected Leave Analyst	5.	Complete and take to your medical provider the form HR022 Certification of Serious Injury or Illness Servicemember or 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)</b>	
<b>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.	Download form HR016 Protected Leave Instructions
2.	Complete form HR017 Protected Leave Application
3.	Complete form HR018 Protected Leave Release of Health Information Authorization
4.	Submit forms HR017 and HR018 to the Protected Leave Analyst
5.	The Protected Leave Analyst 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 HR019 Verification of Serious Health Condition
7.	Submit completed HR019 form to the Protected Leave Analyst



## PROTECTED LEAVE INSTRUCTIONS

<b>Bereavement Leave (OFLA)</b>	
<b>Spouse, Parent, Child, Parent-in-law, Same-Sex Domestic Partner, Grandparent or Grandchild</b>	
1.	Download form HR016 Protected Leave Instructions
2.	Complete form HR017 Protected Leave Application
3.	Submit form HR017 to the Protect Leave Analyst
4.	The Protected Leave Analyst will provide to you form HR024 Protected Leave Notice of Eligibility and HR025 Rights and Responsibilities for Taking Protected Leave
<b>Entitled to two weeks of leave per occurrence but no more than 12 weeks per protected leave year.</b>	

<b>Victims of Certain Crimes Leave Act</b>	
<b>Domestic Violence Related</b>	
<b>or</b>	
<b>Leave to Attend Criminal Proceedings (can be intermittent or reduced schedule)</b>	
1.	Download 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 Protective Leave Analyst
4.	The Protected Leave Analyst will provide to you form HR024 Protected Leave Notice of Eligibility and HR025 Rights and Responsibilities for Taking Protected Leave