Policy: GCBDA/GDBDA-AR(3)

Three Rivers School District

8550 New Hope Rd • PO Box 160 • Murphy, OR 97533

FMLA/OFLA LEAVE - SAMPLE LETTER TO EMPLOYEE

Sample Letter to Employee - FMLA/OFLA Leave

The following is a sample cover letter to an employee notifying the employee that the employer is treating n

a request for leave as a request for FMLA and/or OFLA leave (either paid or unpaid) that will reduce the employee's FMLA and/or 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 FMLA/OFLA notice form.
Date
Address
Re: FMLA/OFLA Leave
Dear Employee:
Onyou advised the district that you were requesting a leave under the Family and Medical Leave Act (FMLA) and/or Oregon Family Leave Act (OFLA). Under our policy, leaves of absence that qualify for family and medical leave under federal law run concurrently with other types of leave such as sick leave, personal leave, or vacation leave. Leaves of absences that qualify for family and medical leave under state law (OFLA) can run concurrently with other types of leave such as sick leave, vacation leave, short-term disability leave but cannot run concurrently with leave for workers' compensatory injury or illness.
We understand the purpose of your requested leave qualifies as family medical leave under state and/or federal law. Accordingly, this letter is to notify you that your leave has been approved and that the leave will be counted against your annual family and medical leave entitlement.
This leave allows you twelve weeks in which your health insurance coverage will remain as is. The leave can be taken consecutively or intermittently as needed. Attached is a form entitled FMLA/OFLA Notice to Employee which contains other information for you regarding federal and state family medical leave rights.
If you have any questions please feel free to contact me at the number listed above.
Sincerely,
(Insert name) Administrative Assistant Benefits/HR
Enclosure: FMLA/OFLA Notice to Employee form

ADOPTED:

REVIEWED: New Policy