

## Office of Human Resources – FMLA/OFLA Quick Facts: Overview & Eligibility

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**FMLA/OFLA Overview:** FMLA and OFLA provide you with up to 12 weeks of unpaid, job-protected time off for a qualifying reason for yourself or a qualifying family member. Generally, OSU policy requires you to use your accrued paid leave while on FMLA or OFLA leave before going into leave without pay (LWOP).

The time off you take under FMLA/OFLA may not be held against you in employment actions such as hiring, promotions, or discipline. Your health insurance will also be continued while you are on FMLA and OFLA leave as long as you continue to pay the same portion of the premiums you currently pay.

You may take time off as either a single block of time (**continuous**) or in multiple, smaller blocks of time (**intermittently**) if medically necessary. You can also take leave on a part-time basis (**reduced work schedule**) if medically necessary. If you need multiple periods of leave for planned medical treatments such as physical therapy appointments, you must try to schedule the treatment at a time that minimizes the disruption to OSU.

**Notification of Your Need to Take Leave:** You must provide appropriate notice of your need for leave. For planned absences: provide 30 days notice or as soon as you learn of your need for leave if less than 30 days. For unexpected absences: provide notice as soon as you know of your need to take leave.

Your initial notification can be provided by calling your supervisor or applying for protected leave (FMLA/OFLA) in EmpCenter. You are not required to specifically ask for FMLA or OFLA leave for your first leave request, but you do need to provide enough information so the University is aware your absence(s) may qualify under the family medical leave laws. For example: you do not have to tell your supervisor or the University your diagnosis, but you do need to provide information such as, I've been to the doctor and have been given antibiotics and told to stay home for 4 days. Once a condition has been approved for FMLA or OFLA leave and you need additional leave for that condition, your request must mention that condition or your need for FMLA or OFLA leave.

**FMLA and OFLA Eligibility Requirements** – An employee must meet the following criteria:

	FMLA	OFLA
<b>Employed by Oregon State University</b>	One year	180 days <i>Exception:</i> Oregon Military Leave has no employment requirement
<b>Hours Worked</b>	1250 hours in past 12 months	Average of 25 hours per week <i>Exceptions:</i> <ul style="list-style-type: none"><li>• <b>Parental Leave</b> has no hours requirement</li><li>• <b>Oregon Military Leave</b> average hours requirement is 20 hours per week</li></ul>

When counting the number of hours worked, OSU counts all hours the employee actually worked, including hours worked during temporary employment and qualifying absences for military leave. Paid leave (e.g., vacation, sick leave, etc.) or unpaid leave time **does not** count as hours worked for eligibility purposes.

## FMLA/OFLA Qualifying Family Members:

FMLA	OFLA
Spouse	Spouse Domestic Partner, Registered ( <i>same gender</i> )
Son or Daughter <ul style="list-style-type: none"> <li>Under age 18</li> <li>If 18 or older and incapable of self-care due to mental or physical disability</li> </ul>	Child <ul style="list-style-type: none"> <li>No age distinction</li> </ul> Child of Domestic Partner ( <i>same gender</i> ) <ul style="list-style-type: none"> <li>No age distinction</li> </ul>
Parent <ul style="list-style-type: none"> <li>Can be individual who stood <i>in loco parentis</i></li> </ul>	Parent <ul style="list-style-type: none"> <li>Can be an individual who stood <i>in loco parentis</i></li> </ul> Parent of Domestic Partner ( <i>same gender</i> ) Parent in-law
	Grandparent Grandchild

## FMLA/OFLA Qualifying Reasons:

FMLA Eligible	OFLA Eligible
Employee's own serious health condition. Includes disability related to pregnancy or childbirth	Employee's own serious health condition. Includes disability related to pregnancy or childbirth* <i>*May be entitled to additional leave if for pregnancy related reasons (OFLA Pregnancy Disability)</i>
Care of an eligible family member with a serious health condition	Care of an eligible family member with a serious health condition
Parental Leave to care for / bond with a newborn, newly placed adopted or foster child under the age of 18 (or incapable of self-care). <i>Leave must be continuous unless approved by supervisor.</i>	Parental Leave to care for / bond with a newborn, newly placed adopted or foster child under the age of 18 (or incapable of self-care). <i>Leave must be continuous unless approved by supervisor.</i>
	Sick Child Leave for a non-serious health condition
	Bereavement Leave ( <i>up to 2 weeks of leave</i> )
Military Caregiver Leave	
Qualified Exigency for a covered military member's call to active duty	
	Military leave related to the deployment of an employee's spouse or registered same-sex domestic partner

**Serious Health Condition:** is an illness, injury, impairment, physical or mental condition that incapacitates you or a family member for 3 consecutive days or longer, and involves at least one of the following: inpatient hospital care; absence plus treatment; pregnancy; chronic conditions requiring treatment; permanent/long-term conditions requiring supervision; multiple treatments for non-chronic conditions.

**Generally NOT Considered a Serious Health Condition:** Common cold, flu, sore throat, treatment for acne, headache (other than migraines), earaches, routine medical or dental visits, plastic surgery for cosmetic purposes. Any of these conditions may become a serious health condition if medical treatment is sought and you or your family member are incapacitated for 3 or more calendar days.