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| ***Click here to enter a date*** |
| ***Click here to enter First and Last Name*** |
| ***Click here to enter Street Address*** |
| ***Click here to enter Agency City, State Zip*** |
| **Subject: Protected Leave Changes** |
| You are currently approved for **TYPE** of leave through **DATE**. Due to changes in leave laws your leave will no longer qualify as **TYPE** as of July 1, 2024. On that date your leave **will/may** qualify as **TYPE (FMLA and/or Paid Leave Oregon)**. You **have/have not** applied for Paid Leave Oregon. **(optional) In order for your leave to be protected you will need to apply for Paid Leave Oregon.**  Any absence from work after exhausting your Protected Leave entitlements or becoming ineligible for Protected Leave, including the use of leave without pay (LWOP), will require agency approval. Any absence for which the agency has not approved may be charged to unauthorized leave without pay.  Prior to returning to work, a statement from your healthcare provider certifying you are released to return to work full-time with or without restrictions ***Click here to enter Is or Is Not*** required. If your healthcare provider indicates work restrictions on the release form, these will be reviewed to determine if there is suitable and available work. The form, if required, is included with this letter.  Under Public Employees Benefits Board (PEBB) guidelines, in order for your insurance benefits to continue without interruption, you will be required to have 80 hours of paid status (e.g., work or paid leave) within a calendar month in order for the agency to continue to pay all or part of your insurance premium payments. If you do not have accrued leave available to cover your absence, you will need to contact Payroll at ***Click here to enter Payroll’s Contact Information*** regarding continuing your benefits through the Affordable Care Act (ACA) or COBRA.  Refer to the Paid Leave Oregon website at https://paidleave.oregon.gov/employees/overview.html or the DAS CHRO Paid Leave Oregon page at https://www.oregon.gov/das/HR/Pages/Paid-Leave-CHRO.aspx for additional information.  If your need for leave changes, please be sure to reach out to us as soon as you are able.  Please contact us if you have any questions concerning your Protected Leave entitlements. |

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| **Signature:** | ***Click here to enter your name/signature*** |
| **Position:** | ***Click here to enter Your Position or Title Name*** |
| **Phone:** | ***Click here to enter Phone Number(s)*** |
| **Fax:** | ***Click here to enter Fax Number*** |

Attachment: Paid Leave Oregon Model Notice Poster