**TEMPLATE EMAIL TO EMPLOYEE WHO HAS 24 HOURS OF**

**UNPROTECTED SL OR LWOP IN A MONTH**

On a monthly basis we review absences coded as Sick Leave (SL) and/or Leave Without Pay (LO) of 24 hours or more in the previous month in an effort to identify employees who may be entitled to protected leave under the Federal Medical Leave Act (FMLA) and/or the Oregon Family Leave Act (OFLA).

You are receiving this notice as you were identified in our review. Our goal is to ensure all employees are advised of their rights and responsibilities related to leaves. Your recent leave may or may not be FMLA or OFLA qualified.

The following reasons for leave may qualify for protected leave under FMLA or OFLA or both:

* The serious health condition of you or a family member - [FMLA Attachment A](https://www.oregon.gov/das/HR/Documents/P6000015%20A%20Serious%20Health%20Cond%20attachment%202019.pdf)
* Parental Leave – [Attachment B](https://www.oregon.gov/das/HR/Documents/P6000015%20B%20Parental%20Leave%20attachment%202019.pdf)
* OFLA Leave to Care for a Child – [Attachment C](https://www.oregon.gov/das/HR/Documents/P6000015%20C%20Sick%20Child%20leave%20attachment%202019.pdf)
* FMLA Military Caregiver Leave – [Attachment D](https://www.oregon.gov/das/HR/Documents/P6000015%20D%20Military%20Caregiver%20Leave%20attachment%202019.pdf)
* FMLA Qualifying Exigency Leave – [Attachment E](https://www.oregon.gov/das/HR/Documents/P6000015%20E%20Qualifying%20Exigency%20Leave%20Attachment%202019.pdf)
* OFLA Military Family Leave – [Attachment F](https://www.oregon.gov/das/HR/Documents/P6000015%20F%20Military%20Family%20Leave%20attachment%202019.pdf)
* OFLA Bereavement Leave – [Attachment G](https://www.oregon.gov/das/HR/Documents/P6000015%20G%20Bereavement%20leave%20attachment%202019.pdf)
* Pregnancy Related Disability

The attached documents explain your eligibility for FMLA and OFLA protected leave and any required certifications needed in order to protect your absences.

If, in your review of the qualifying conditions you do not believe you have a qualifying condition, ***please advise us within 15 days of the date of this letter*** in order to avoid further follow up communications regarding this notification.

Please contact us if you have any questions concerning Family and Medical Leave entitlements.