

# Protected Leave Packet

## Process, Information, and FAQs

*What to do when leave is needed*

### Before Leave

Employee: Complete the Request Form in NEOGOV (this will notify HR).

Employee: Provide your supervisor with your scheduled dates of leave (you are not required to provide your reason for leave).

Employee: Submit required documentation to The Hartford, if using PLO (this will be requested through email).

Supervisor: Begin planning for leave

HR: Coordinate Paid Leave Oregon (PLO) with The Hartford, if applicable.

HR: Designate leave as FMLA, OFLA, and/or PLO and notify department and employee. *\*Final approval may be after leave starts*

### While Employee is on Leave

Employee: Do not work unless approved through HR.

Employee: If approved for intermittent leave, make sure HR is aware of leave dates. If using PLO, The Hartford will also need to be updated on leave dates.

Supervisor: Ensure leave has been entered on timecard.

HR: Coordinate pay (see below).

### Ending Leave

Employee: If taking leave for a medical reason, obtain a return-to-work release from your medical provider and submit to HR.

Supervisor: Plan for employee's return.

HR: Keep department informed of return-to-work status, if applicable.

### Pay with Paid Leave Oregon

(Pay will come directly from the City)

Employee: Update timecard to reflect protected leave.

Supervisor: Ensure timecard reflects protected leave and follow instructions from HR.

Finance: Process payroll without reducing leaves or pay.

HR: Track and coordinate reimbursement and leave process with The Hartford, employee, Finance, and Department.

### Pay with FMLA and/or OFLA

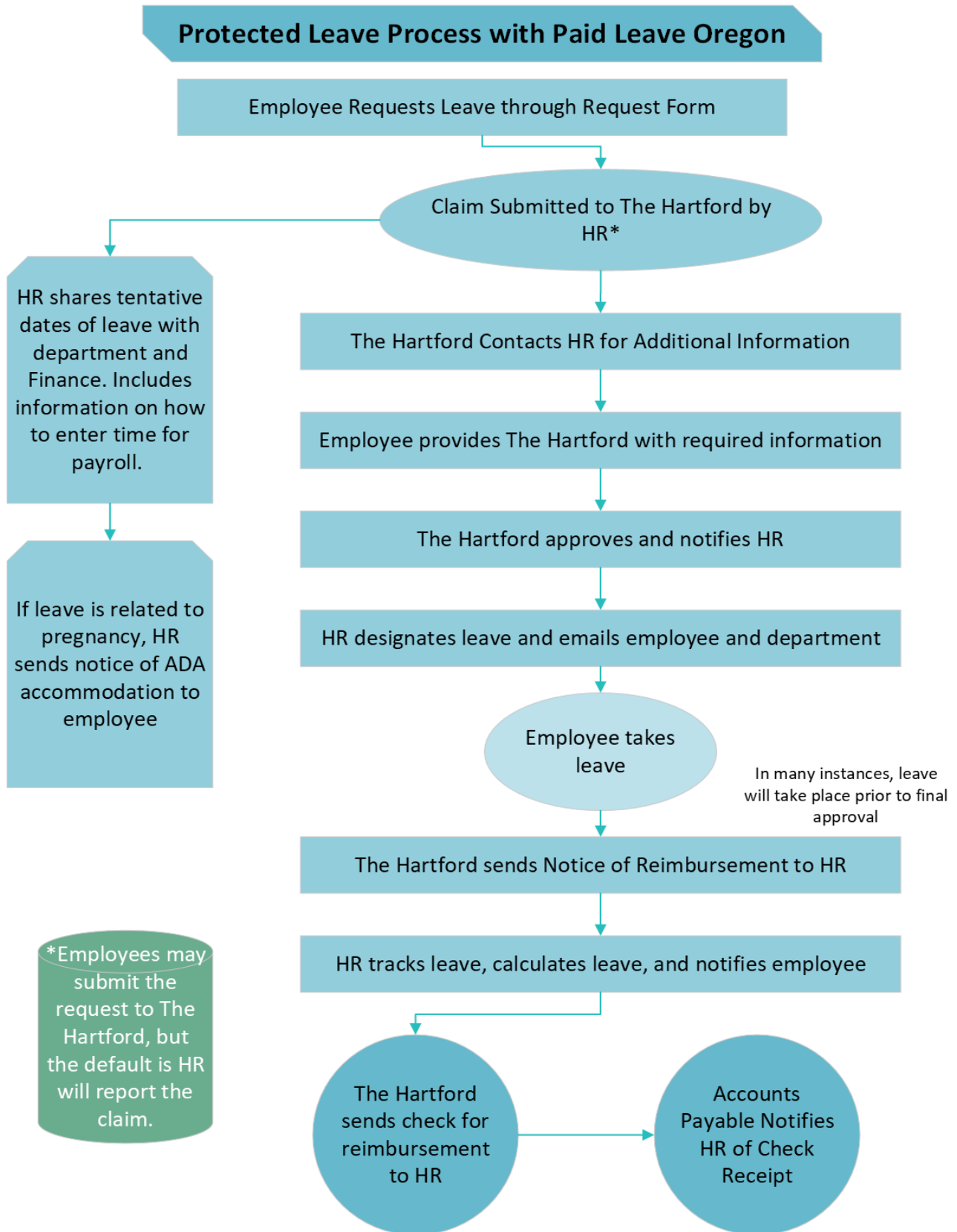
(Pay will come directly from the City)

Employee: Update timecard to reflect protected leave.

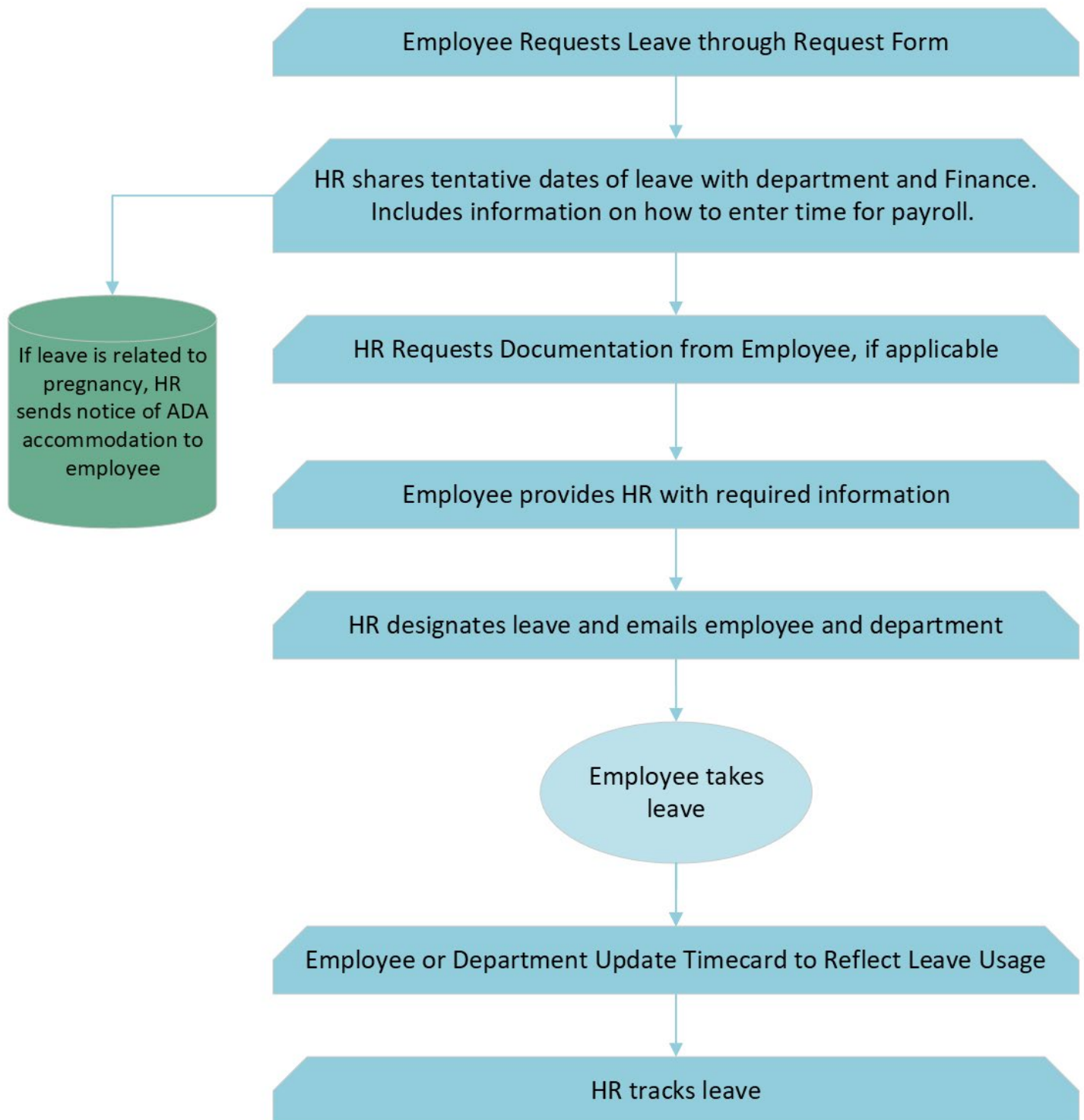
Supervisor: Ensure timecard reflects protected leave and follow instructions from HR.

Finance: Process payroll with reductions to leave and/or pay.

HR: Track/coordinate leave usage.



### Protected Leave Process without Paid Leave Oregon



### 1. Am I eligible for protected leave?

- a. There are four types of protected leave and each program has different requirements. These are the general requirements for each program. Please contact HR if you have questions about eligibility.
  - i. Federal Family Medical Leave Act (FMLA)
    - I. Call to Active Duty Leave
    - II. Employee's Serious Health Condition Leave
    - III. Family Member's Serious Health Condition Leave
    - IV. Parental Leave
    - V. Servicemember Family Leave
  - ii. Oregon Family Leave Act (OFLA)
    - I. Pregnancy Disability leave
    - II. Bereavement leave
    - III. Military family leave for a spouse or domestic partner who is called to active duty
    - IV. Leave to care for a child during school/daycare closures due to a public health emergency
  - iii. Paid Leave Oregon (PLO)
    - I. Employee's Serious Health Condition Leave
    - II. Family Member's Serious Health Condition Leave
    - III. Parental Leave
    - IV. Safe leave
  - iv. Americans with Disabilities Act (ADA)
    - I. Reasonable accommodation for employee's own disability

### 2. How do I submit a request for leave?

- a. Submit the Protected Leave Request Form in [NEOGOV](#).

### 3. How much notice do I need to provide to take leave?

- a. You should let your supervisor know as soon as you know leave is likely to happen, but no less than 30 days in advance. However, if the need for leave is unforeseen or an emergency, notice may be required as soon as it is practicable and not later than 24 hours after beginning leave.

### 4. How much leave can I take?

- a. Each situation and program (FMLA, OFLA, PLO, ADA) has different parameters for much leave you may be eligible for. Please contact HR if you have questions about length of leave.

### 5. Can I work while on protected leave?

- a. If you are out for your own medical condition, this will depend on how your medical provider classifies your leave. If you are out for other reasons, generally, you have the option to designate your leave as continuous (can't work) or intermittent (can work).

### **6. What is the definition of Family Member?**

- a. The definition of a family member depends on the type of leave (FMLA, OFLA, PLO) you are taking. Please contact HR if you have questions about family member qualifications.

### **7. Will I be paid while on leave?**

- a. Full-Time – FMLA/OFLA: you will not receive pay for this leave unless you use accrued vacation, comp, floating holidays, and/or sick leave.
- b. Full-Time – Paid Leave Oregon (PLO): you will receive your normal pay from the City.
  - i. When we receive information from The Hartford, we will deduct any unreimbursed hours from your leave banks. If you do not have any accrued leave, you will receive leave without pay for the unreimbursed time.
- c. Part-Time – FMLA/OFLA: you will not receive pay for this leave unless you use sick leave.
- d. Part-Time – Paid Leave Oregon (PLO): When we receive information from The Hartford, we will process payment for any hour reimbursement.

### **8. In what order will my leave be used?**

- a. Leave will be utilized in the following order, unless otherwise requested: sick leave, management leave, floating holidays, vacation leave. All accrued leave must be exhausted before utilizing leave without pay.

### **9. When do I have to submit a Return-To-Work Form?**

- a. This depends on the type of leave you are taking:
  - i. Care for a family member or parental leave: Not required
  - ii. Your own medical condition: Required (Return-to-Work form required)

### **10. Will I continue to accrue vacation, sick leave, etc. while I am out on protected leave?**

- a. As long as you are in a paid status, you will continue to accrue leave. In other words, if you aren't using leave without pay, you will accrue leave.

### **11. I have insurance through the City. What happens to my medical premiums while I am on leave.**

- a. If you are using Paid Leave Oregon or paid leave (vacation, sick, etc.) your premiums will be deducted from your wages like normal.
- b. If you are using leave without pay, you will have the option to decide what you would like to do when completing the Leave Request Form.



**Human Resources**  
230 NE Second Street, McMinnville, Oregon 97128  
[www.mcminnvilleoregon.gov](http://www.mcminnvilleoregon.gov)

## Workplace Accommodations Notice

City of McMinnville is an equal opportunity employer and does not discriminate on the basis of race, religion, color, sex, age, national origin, disability, veteran status, sexual orientation, gender identity, gender expression or any other classification protected by law.

The City of McMinnville will make reasonable accommodations for known physical or mental disabilities of an applicant or employee as well as known limitations related to pregnancy, childbirth or a related medical condition, such as lactation, unless the accommodation would cause an undue hardship. Among other possibilities, reasonable accommodations could include:

- Acquisition or modification of equipment or devices;
- More frequent or longer break periods or periodic rest;
- Assistance with manual labor; or
- Modification of work schedules or job assignments.

## Employees and job applicants have a right to be free from unlawful discrimination and retaliation

For this reason, the City of McMinnville **will not**:

- Deny employment opportunities on the basis of a need for reasonable accommodation
- Deny reasonable accommodation for known limitations, unless the accommodation would cause an undue hardship.
- Take an adverse employment action, discriminate or retaliate because the applicant or employee has inquired about, requested or used a reasonable accommodation.
- Require an applicant or an employee to accept an accommodation that is unnecessary.
- Require an employee to take family leave or any other leave, if the employer can make reasonable accommodation instead.

**To request an accommodation or to discuss concerns or questions about this notice**, please contact any one of our supervisors or Vicki Hedges in the human resources department at 503-434-7405 or [vicki.hedges@mcminnvilleoregon.gov](mailto:vicki.hedges@mcminnvilleoregon.gov).

# RETURN-TO-WORK STATUS

Worker's name: \_\_\_\_\_ Claim number (if known): \_\_\_\_\_

Next scheduled appointment date: \_\_\_\_\_

Is the worker expected to materially improve from medical treatment or the passage of time?  Yes  No

## WORK STATUS *(Select one option)*

- OPTION 1 Released to Regular Work** Status from (date): \_\_\_\_\_  
Released to the *hours routinely worked and tasks routinely performed in the job held at the time of injury.*
- OPTION 2 Not Released to Work** Status from (date): \_\_\_\_\_ to: \_\_\_\_\_  
The worker is *not capable of performing any work activities.*
- OPTION 3 Released to Modified Work** Status from (date): \_\_\_\_\_ to: \_\_\_\_\_  
Released to work, *subject to the following work restrictions (note only those that are applicable):*

**Total work hours:** \_\_\_\_\_ hours/day

### Lift/carry/push/pull restrictions

|               | <i>One-time</i> | <i>≤ 1/3 of workday</i> | <i>1/3-2/3 of workday</i> | <i>≥ 2/3 of workday</i> | <i>Duration</i> |                     |
|---------------|-----------------|-------------------------|---------------------------|-------------------------|-----------------|---------------------|
| <b>Lift:</b>  | _____ pounds    | _____ pounds            | _____ pounds              | _____ pounds            | _____ hrs./day  | _____ hrs./one time |
| <b>Carry:</b> | _____ pounds    | _____ pounds            | _____ pounds              | _____ pounds            | _____ hrs./day  | _____ hrs./one time |
| <b>Push:</b>  | _____ pounds    | _____ pounds            | _____ pounds              | _____ pounds            | _____ hrs./day  | _____ hrs./one time |
| <b>Pull:</b>  | _____ pounds    | _____ pounds            | _____ pounds              | _____ pounds            | _____ hrs./day  | _____ hrs./one time |

### Activity restrictions

|               |                |                     |                              |                |                     |                              |                |                     |
|---------------|----------------|---------------------|------------------------------|----------------|---------------------|------------------------------|----------------|---------------------|
| <b>Stand:</b> | _____ hrs./day | _____ hrs./one time | <b>Twist:</b>                | _____ hrs./day | _____ hrs./one time | <b>Crawl:</b>                | _____ hrs./day | _____ hrs./one time |
| <b>Walk:</b>  | _____ hrs./day | _____ hrs./one time | <b>Climb:</b>                | _____ hrs./day | _____ hrs./one time | <b>Crouch:</b>               | _____ hrs./day | _____ hrs./one time |
| <b>Sit:</b>   | _____ hrs./day | _____ hrs./one time | <b>Bend:</b>                 | _____ hrs./day | _____ hrs./one time | <b>Balance:</b>              | _____ hrs./day | _____ hrs./one time |
| <b>Drive:</b> | _____ hrs./day | _____ hrs./one time | <b>Above-shoulder-reach:</b> | _____ hrs./day | _____ hrs./one time | <b>Below-shoulder-reach:</b> | _____ hrs./day | _____ hrs./one time |
| <b>Kneel:</b> | _____ hrs./day | _____ hrs./one time |                              |                |                     |                              |                |                     |

### Hand use restrictions

|                      |                       |                       |
|----------------------|-----------------------|-----------------------|
| <b>Fine actions:</b> | _____ hrs./day L hand | _____ hrs./day R hand |
| <b>Keyboarding:</b>  | _____ hrs./day L hand | _____ hrs./day R hand |
| <b>Grasp:</b>        | _____ hrs./day L hand | _____ hrs./day R hand |

### Foot use restrictions

|               |                       |                       |
|---------------|-----------------------|-----------------------|
| <b>Raise:</b> | _____ hrs./day L foot | _____ hrs./day R foot |
| <b>Push:</b>  | _____ hrs./day L foot | _____ hrs./day R foot |

Notes / other restrictions: \_\_\_\_\_

Medical provider's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print medical provider's name: \_\_\_\_\_

Phone no.: \_\_\_\_\_