

# EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

## LEAVE ENTITLEMENTS

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within 1 year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;\* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

\*Special "hours of service" requirements apply to airline flight crew employees.

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

## BENEFITS & PROTECTIONS

## ELIGIBILITY REQUIREMENTS

## REQUESTING LEAVE

## EMPLOYER RESPONSIBILITIES

## ENFORCEMENT

For additional information or to file a complaint:

**1-866-4-USWAGE**

(1-866-487-9243) TTY: 1-877-889-5627

**[www.dol.gov/whd](http://www.dol.gov/whd)**

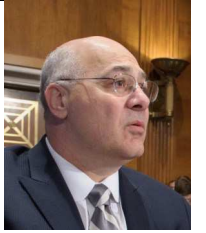
U.S. Department of Labor | Wage and Hour Division





Oregon

Brad Avakian, Commissioner



FAMILY LEAVE ACT

NOTICE TO EMPLOYERS AND EMPLOYEES

The Oregon Family Leave Act (OFLA) requires employers of 25 or more employees to provide eligible workers with protected leave to care for themselves or family members in cases of death, illness, injury, childbirth, adoption and foster placement. ORS 659A.150-659A.186

When can an Employee take Family Leave?

Employees can take family leave for the following reasons:

- Parental Leave during the year following the birth of a child or adoption or foster placement of a child under 18, or a child 18 or older if incapable of self-care because of a mental or physical disability. Parental leave includes leave to effectuate the legal process required for foster placement or adoption.
Serious health condition leave for the employee's own serious health condition, or to care for a spouse, same-gender domestic partner, custodial parent, non-custodial parent, adoptive parent, foster parent, biological parent, step parent, parent in law, parent of same-gender domestic partner, grandparent, grandchild, a person whom the employee is or was a relationship of in loco parentis, biological, adopted, foster or step child of an employee or the child of an employee's same-gender domestic partner.
Pregnancy disability leave (a form of serious health condition leave) taken by a female employee for an incapacity related to pregnancy or childbirth, occurring before or after the birth of the child, or for prenatal care.
Sick child leave taken to care for an employee's child with an illness or injury that requires home care but is not a serious health condition.
Bereavement leave to deal with the death of a family member.
Oregon Military Family Leave is taken by the spouse or same gender domestic partner of a service member who has been called to active duty or notified of an impending call to active duty or is on leave from active duty during a period of military conflict.

Who is Eligible?

To be eligible for leave, workers must be employed for the 180 day calendar period immediately preceding the leave and have worked at least an average of 25 hours per week during the 180-day period.

Exception 1: For parental leave, workers are eligible after being employed for 180 calendar days, without regard to the number of hours worked.

Exception 2: For Oregon Military Family Leave, workers are eligible if they have worked at least an average of 20 hours per week, without regard to the duration of employment.

Exception 3: For compensable Workers Compensation injuries, for certain Workers Compensation injuries involving denied and then accepted claims and for certain accepted claims involving more than one employer.

Exception 4: When an employee is caring for a family member with a serious health condition and the same family member dies, the employee need not requalify with the 25 hour per week average to be eligible for bereavement leave.

How much Leave can an Employee take?

- Employees are generally entitled to a maximum of 12 weeks of family leave within the employer's 12-month leave year.
A woman using pregnancy disability leave is entitled to 12 additional weeks of leave in the same leave year for any qualifying OFLA purpose.
A man or woman using a full 12 weeks of parental leave is entitled to take up to 12 additional weeks for the purpose of sick child leave.
Employees are entitled to 2 weeks of bereavement leave to be taken within 60 days of the notice of the death of a covered family member.
A spouse or same gender domestic partner of a service member is entitled to a total of 14 days of leave per deployment after the military spouse has been notified of an impending call or order to active duty and before deployment and when the military spouse is on leave from deployment.

What Notice is Required?

Employees may be required to give 30 days notice in advance of leave, unless the leave is taken for an emergency. Employers may require that notice is given in writing. In an emergency, employees must give verbal notice within 24 hours of starting a leave.

Is Family Leave paid or unpaid? Benefits?

- Although Family Leave is unpaid, employees are entitled to use any accrued paid vacation, sick or other paid leave.
Employees are entitled to group health insurance benefits during family leave as if they continued working.

How is an Employee's job Protected?

Employers must return employees to their former jobs or to equivalent jobs if the former position no longer exists. However, employees on OFLA leave are still subject to nondiscriminatory employment actions such as layoff or discipline that would have been taken without regard to the employee's leave.

FOR ADDITIONAL INFORMATION:
Employer Assistance . . .971-673-0824
Portland . . . . .971-673-0761
Eugene . . . . .541-686-7623
Salem . . . . .503-378-3292
BOLI
Civil Rights Division
800 NE Oregon, #1045
Portland, OR 97232
www.oregon.gov/BOLI

Employees who have been denied available leave, disciplined or retaliated against for requesting or taking leave, or have been denied reinstatement to the same or equivalent position when they returned from leave, may file a complaint with BOLI's Civil Rights Division.

This is a summary of laws relating to Oregon Family Leave Act. It is not a complete text of the law.

January 2016

THIS INFORMATION MUST BE POSTED IN A CONSPICUOUS LOCATION





**APPLICATION FOR EMPLOYMENT**

*APPLICATIONS MUST BE ACCOMPANIED WITH A COVER LETTER AND A RESUME FOR CONSIDERATION.*

Position Sought \_\_\_\_\_

How did you learn about the position? \_\_\_\_\_

Have you ever worked for or applied to this company before?

Applied: [ ] Yes [ ] No    Worked: [ ] Yes [ ] No

Name: \_\_\_\_\_ Date filled out: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_ .com

Are you employed now? [ ] Yes [ ] No

If so, may we inquire a reference of your present employer? [ ] Yes [ ] No

Why are you seeking employment with Mountain Rose Herbs?

On what date would you be available to start work? \_\_\_\_\_

Most positions are Full Time (40 hrs/wk). Are you able to work Full Time [ ] // Part Time [ ]

Are you available to work a weekend shift as part of a regular set schedule? [ ] Yes [ ] No

Are you available to work a swing shift that may operate as late as midnight? [ ] Yes [ ] No

Do you have reliable transportation to our West Eugene facility? [ ] Yes [ ] No

Are you legally eligible to work in the United States? [ ] Yes [ ] No

To comply with child labor minimum age requirements, please verify if you are over the age of 18.  
[ ] Yes [ ] No

Have you ever been involuntarily terminated or asked to resign from any position of employment?

[ ] Yes [ ] No

If yes, please describe circumstances:

Have you even been disciplined for attendance issues in a former position? [ ] Yes [ ] No

If selected for employment, are you willing to submit to a pre-employment drug screening test?

[ ] Yes [ ] No

School Name	Location	Degree Received	Major

Please explain your knowledge of natural products including herbs spices, teas, and essential oils:

What is your typing speed?

Have you ever performed data entry/10 key processing? [ ] Yes [ ] No

Have you ever taken product orders over the phone? [ ] Yes [ ] No

Can you lift up to 65 pounds either with or without accommodations? [ ] Yes [ ] No

Can you work in an environment containing herb dust and powders? [ ] Yes [ ] No

Other education, training, certifications, or licenses held:

List other pertinent information to the employment you are seeking:

<b>EMPLOYMENT</b>

*(Most Recent First.)*

**Employer** \_\_\_\_\_ **Supervisor** \_\_\_\_\_

**Job Title** \_\_\_\_\_ **Prior Position Held w/in Company (if any)** \_\_\_\_\_

**Dates Employed- Start:** \_\_\_\_\_ **End:** \_\_\_\_\_ **Phone** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Duties Performed**

What did you like most about this job?  
 \_\_\_\_\_  
 \_\_\_\_\_

**Reason for leaving**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Employer** \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Prior Position Held w/in Company (if any) \_\_\_\_\_  
Dates Employed- Start: \_\_\_\_\_ End: \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Duties Performed

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What did you like most about this job?

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Reason for leaving

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**Employer** \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Prior Position Held w/in Company (if any) \_\_\_\_\_  
Dates Employed- Start: \_\_\_\_\_ End: \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Duties Performed

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What did you like most about this job?

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Reason for leaving

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**Employer** \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Prior Position Held w/in Company (if any) \_\_\_\_\_  
Dates Employed- Start: \_\_\_\_\_ End: \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Duties Performed

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What did you like most about this job?

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Reason for leaving

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**PROVIDE ATLEAST 3 PROFESSIONAL REFERENCES/SUPERVISORS**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Professional relationship: \_\_\_\_\_ Years acquainted: \_\_\_\_\_  
Company name: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Professional relationship: \_\_\_\_\_ Years acquainted: \_\_\_\_\_  
Company Name: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Professional relationship: \_\_\_\_\_ Years acquainted: \_\_\_\_\_  
Company Name: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Professional or personal relationship \_\_\_\_\_ Years acquainted: \_\_\_\_\_  
Company Name: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Professional or personal relationship \_\_\_\_\_ Years acquainted: \_\_\_\_\_  
Company Name: \_\_\_\_\_

**ACKNOWLEDGMENT AND AUTHORIZATION**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should reapply a new application packet.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Mountain Rose Herbs is an equal opportunity employer. All potential employees are evaluated without regard to race, color, religion, gender, sexual orientation, national origin, age, marital status, veteran status, disability, or any other legally protected status.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_ Date