



PAID LEAVE OREGON - NOTICE OF LEAVE

First Name:	Last Name

Type of Leave: (Check one) See below for information about each leave type.			
<input type="checkbox"/>	Family Leave	<input type="checkbox"/>	Medical Leave
<input type="checkbox"/>	Safe Leave		

Explanation of the need for leave:

Anticipated Start Date:	
-------------------------	--

Anticipated End Date:	
-----------------------	--

Anticipated Return Date, if different than End Date:	
------------------------------------------------------	--

Employees Signature

Received by

Date

Date