

# **Network of Oregon Watershed Councils**

## **Oregon Paid Leave Procedures and Forms**

**2025**



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# Oregon Paid Leave Procedure

Oregon Paid Leave (also known as Oregon Paid Family and Medical Leave Insurance, or Oregon PFMLI) is a program that provides paid time off to workers for specific personal or family-related situations. This law applies to employers and employees in Oregon, offering wage replacement benefits to eligible workers when they take leave for certain qualifying reasons. Here's an overview of the process that an employer needs to follow:

## 1. Employer Responsibilities:

- **Registration & Contributions:**

- **Employers with 1 or more employees** must contribute to the Oregon Paid Family and Medical Leave program. Both the employee and employer contribute to the program, with contributions based on a percentage of the employee's wages.
- Employers must register with the Oregon Employment Department (OED) to set up the contribution system. The contributions are collected via payroll taxes, with the rates established by the state.

- **Collection of Contributions:**

- Employers must deduct employee contributions from wages and match their own contributions to the program. As of 2025, employees pay 60% of the contribution rate, and employers pay the remaining 40%.
- Employers are required to remit these contributions to the Oregon Employment Department through the state's payroll reporting system.

## 2. Eligibility & Employee Leave Rights:

- **Employee Eligibility:**

- Employees who work for a covered employer and have earned at least \$1,000 in wages during the previous year are eligible for benefits.
- Employees can take paid leave for reasons such as:
  - **Personal illness or injury** (including mental health conditions).
  - **Pregnancy, childbirth, or a related medical condition.**
  - **Caring for a family member** (child, spouse, parent, or other qualified family members).
  - **Safe leave** (e.g., due to domestic violence, sexual assault, or stalking).
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- **Employee Notice & Documentation:**

- Employees should give their employer notice as soon as possible before taking leave. For foreseeable events (like a planned surgery or birth), they must provide at least 30 days' notice if possible. See form attached.
- Employers can ask for documentation to support the leave, such as a doctor's note, medical records, or other relevant documentation.

### **3. Leave Duration & Benefits:**

- **Duration of Leave:**

- Employees are entitled to up to **12 weeks** of paid leave within a 12-month period. An additional 2 weeks may be available for pregnancy-related conditions.
- The leave can be taken in full blocks or intermittently – full days, depending on the employee's needs and the employer's policies.

- **Benefit Amount:**

- The benefit amount is based on a worker's average weekly wages and the state's wage replacement formula.
- As of 2025, workers can receive up to 100% of their average weekly wage, with a cap based on the state's median income.

### **4. Managing Employee Leave:**

- **Leave Coordination:**

- Employees can use paid time off (PTO), vacation time, or sick leave before and during using the Oregon Paid Leave benefits, depending on their company policies.

- **Protection Against Retaliation:**

- Employers are prohibited from retaliating against an employee for using Oregon Paid Leave. This means no firing, demotion, or other adverse actions can occur as a result of an employee taking qualifying leave.

### **5. Employer Support & Resources:**

- Employers can access the **Oregon Employment Department** website for resources, guidance, and compliance tools. <https://paidleave.oregon.gov/>

- The **Paid Family and Medical Leave Insurance** program provides employer resources, such as templates for notices, guidelines on benefit calculations, and forms for employees to request leave.

**Summary Checklist for Employers:**

1. **Register** with the Oregon Employment Department and set up payroll tax contributions.
2. **Collect employee contributions** and remit them to the state.
3. **Notify employees** about their rights and benefits.
4. **Ensure compliance** with eligibility requirements, benefit calculations, and leave coordination.
5. **Handle leave requests** in accordance with the law, providing the necessary support to employees.

By following this process, employers can ensure compliance with Oregon's Paid Leave program and help employees access the benefits they are entitled to.

## Oregon Paid Leave Notification Form

### Employee Information

Employee Name:

Employee Supervisor:

### Leave Information

Date Leave will Begin:

Date of Planned Return:

Reason for Leave:

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### Organization Paid Leave Option

If you are approved for Paid Leave Oregon insurance, you are also eligible to use your accrued paid leaves.

Do you want to use paid leave time?

Yes  No

Accrued Leave Balances:

Your paid leave(s) will be used in the following order [organization determined order].

### Insurance Benefits while on Leave

Your insurance benefits will be continued while you are on leave. You are responsible for your portion of the cost. If you do not use accrued paid leaves, or you run out of paid leave, you must provide payment by [check, cash, credit card] by [xx/xx] each month.

### Return to Work:

When an employee returns to work from a qualifying event related to their own wellbeing, they will be required to supply a return-to-work release from their practitioner including any work related limitations.

### Acknowledgment

I understand that if any of the information above changes I will need to complete a revised form and submit it to the organization.

Employee Signature:

Date:

Supervisor Signature:

Date:

## Paid Leave Oregon Employee Letter

Once you (the employer) has received notice from the State of Oregon that the employee has been approved for Paid Leave Oregon. We recommend that you follow up with the employee and provide this letter, which clarifies the conditions of the employee leave.

SAMPLE LEAVE LETTER (place on company letterhead)

[Date]

[Employee name]

[Street address]

[City, State, Zip Code]

RE: Paid Leave Oregon

Dear [Employee name]:

On [date], you notified us of your need to take a Paid Leave Oregon. We have received notification of your leave approval from the State of Oregon Employment Department [OR third party PLO Administrator], for the beginning date of DATE, and ending date of DATE.

- Continuation of Benefits:
  - [Company Name] will continue to pay the employer portion of the cost of your benefits, including health, dental, life and disability insurance benefits, while you are on this leave. [If you provide health, dental or any other benefits]

You must continue to pay your portion of the benefits, which is \$XXX per month, payments may be made by payroll deductions (when applicable) or you may make direct payment by check or credit card submitted to the HR department each pay period. [Set forth dates, e.g., the 10th of each month or the pay periods that specifically cover the agreement with the employee.]

- Accrued Leave:
  - Benefits such as vacation, sick, personal days, and holidays will not accrue while you are on a leave of absence. (*NOTE: check CBA and policy to determine what edits may be needed to this statement.*)

- Return to Work Requirements:
  - If you are on a leave of absence due to your own health (mental or physical) condition, you will need to provide a practitioner’s statement releasing you back to work, with or without limitations, on or prior to your date of return. If there is any cost for this statement, the organization will reimburse you.
  - If you are unable to return to work or do not return as scheduled, we will follow the appropriate policies and procedures which may include review of alternative protections, extension of your leave, and in rare circumstances separation from the organization.
- Did your Circumstances Change?
  - We understand while on leave that circumstances may change which could impact the reason for qualification, duration, or other qualifying factors. If changes occur, you are required to notify us, as soon as possible. If no change is received, we will anticipate your return as scheduled.
  - If your circumstances have changed and you do not notify us, we will attempt to contact you for updates on the status of your leave, per our company policy. If we do not receive updates from you, we will attempt to contact you for an additional one week after your scheduled time of return to work. If our attempts to contact you are unsuccessful, [Company Name] will assume you have voluntarily resigned and process your separation. (paste specific company policy here)

We are here to support you through this process.

If you have any questions, please contact me at [phone number].

Sincerely,

[Company’s Representative name and signature]