



## Klamath County Paid Leave Application for Benefits

You can apply for Klamath County's Paid Leave Oregon benefits by completing this application and including the appropriate documentation for your type of leave. Please send your application 30 days before the start date of your leave to Klamath County Human Resources via fax (541-883-4270) or email ([paidleave@klamathcounty.org](mailto:paidleave@klamathcounty.org)).

*If circumstances outside of your control prevent you from sending your application within the required time frame, please contact Klamath County Human Resources immediately.*

### VERIFICATION OF LEAVE

You must show verification for your specific life event by including the appropriate verification document(s). Klamath County uses this documentation to decide if you qualify for benefits, meet the definition for the type of leave you request, and calculate the amount of leave as well as the time frame you can claim benefits. Please see the Klamath County Paid Leave Oregon Policy for a list of acceptable verification documents. Be sure to include a legible copy of an accepted verification document with this application.

### CONTACT INFORMATION

Full Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_      Cell phone      Home phone

Secondary Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_      Cell phone      Home phone

Physical Address:

Street : \_\_\_\_\_

Unit number: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address *(if different from physical)*:

Street : \_\_\_\_\_

Unit number: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**TYPE OF LEAVE** - *Select the type of leave you are requesting from the options below (continued on the next page)*

**FAMILY BONDING LEAVE**

Are you taking leave to care for and bond with a child during the first year after the child's birth or during the first year after the placement of the child through foster care or adoption? YES NO

**MEDICAL LEAVE**

Are you taking medical leave for your own serious health condition? YES NO

**ADDITIONAL PREGNANCY LEAVE**

**NOTE:** *This option is only available if you are taking family-bonding leave or medical leave*

Are you currently pregnant or have you given birth in the last year and asking for an additional two weeks of leave for health issues related to pregnancy, childbirth, or a related medical condition?

YES NO

If you are not currently pregnant, please provide the date that your pregnancy ended:

\_\_\_ / \_\_\_ / \_\_\_\_\_ (MM/DD/YYYY)

**FAMILY CARE LEAVE**

Are you taking leave to care for a family member with a serious health condition? YES NO

**IF YES:** Which family member are you taking leave to care for?

Child      Grandchild      Grandparent      Parent/Sibling      Spouse/Domestic Partner

Other (*specify relationship equivalent to that of a family member*): \_\_\_\_\_

What type of care are you providing for your family member?

Emotional support or comfort

Making arrangements for medical care or completing other administrative tasks in support

Medical or physical assistance

Transportation to medical care

Other: \_\_\_\_\_

**Contact information for the person you are taking care of:**

Full Name: \_\_\_\_\_

Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Unit number: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**TYPE OF LEAVE** - *Select the type of leave you are requesting from options below (continued from previous page)*

**SAFE LEAVE**

Are you taking safe leave related to domestic violence, harassment, sexual assault, or stalking experienced by yourself or your minor child?

YES

NO

**IF YES:** Who do you need to take Safe Leave for?  Yourself  Your child

**Note:** *Your child must be under the age of 18, and if they are older than 18, then need to be a dependent adult with a physical or mental disability that limits their ability to live independently.*

Please select the purpose(s) of your safe leave (*select the option that best applies to your situation*):

To get counseling from a licensed mental health professional related to domestic violence, harassment, sexual assault, or stalking

To get services from a victim services provider related to domestic violence, harassment, sexual assault, or stalking

To relocate or take steps to secure an existing home to ensure the health and safety of the eligible employee or the employee's minor child or dependent

To seek legal or law enforcement help for the health and safety of yourself or your child (*This can include preparing for or participating in court hearings related to domestic violence, harassment, sexual assault, or stalking*)

To seek medical treatment for or to recover from injuries caused by domestic violence, sexual assault, harassment, or stalking of you or your child

None apply

## OTHER BENEFITS

Have you received or do you expect to receive Workers' Compensation benefits during your leave?

Yes                      No

Have you received or do you expect to receive Unemployment Insurance benefits during your leave?

Yes                      No

## LEAVE SCHEDULE - *Select one from the options below*

**Intermittent leave schedule.** You don't take all of your leave at one time. You will do some work between the start and end dates of your leave. **Note:** *Leave must be taken in full day or full week increments.*

**Consecutive leave schedule.** You take all of your paid leave between the start and end dates of your leave. You cannot work during your leave.

What date do you plan to start your leave?     \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ (MM/DD/YYYY)

What is the end date of your requested leave?     \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ (MM/DD/YYYY)

## CERTIFICATION

I certify under penalty of law that the information I have provided is true and correct to the best of my knowledge and belief. I understand the law provides penalties for making false statements in order to obtain benefits through Klamath County Paid Leave Oregon.

I understand missing information or documents can cause a delay in processing my application for benefits.

By my signature, I am making a claim for Klamath County Paid Leave Oregon benefits.

I authorize Klamath County to release relevant claim information to health care providers related to my paid leave claim.

I understand that I must notify Klamath County Human Resources about any change to the information provided in this application, including the dates and amount of leave, and changes to my employment.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)