



City Manager/Mayor's Office

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**FAMILY MEDICAL LEAVE ACT AND OREGON FAMILY LEAVE ACT
RIGHT OF REFUSAL**

I have notified my supervisor of a situation that may qualify for protected leave under FMLA/OFLA and have received a copy of the "Notice of Eligibility and Rights & Responsibilities." The dates that I will be absent are _____ through _____. I understand that leave under FMLA and/or OFLA provides the following protections:

- Ability to use accrued paid leave during what would otherwise be an unpaid leave of absence;
- Minimum of 12 weeks of unpaid time off (accrued sick and/or vacation leave may be used during the leave period);
- Time off that may not be used against the employee for purposes of absenteeism, sick leave abuse, or any other disciplinary action;
- Continued insurance benefits, even during unpaid leave;
- Intermittent leave and reduced schedules when medically necessary; and
- Reinstatement rights upon my return from leave.

At this time, I voluntarily decline to utilize Family Medical Leave for the purpose of this absence, the dates of which are listed above. I understand that by refusing to exercise my rights under FMLA/OFLA that the leave may not qualify for job and benefits protection afforded under FMLA/OFLA.

Signature

Date

Print Name