



Oregon Paid Leave of Absence Notification Form

To be completed by the employee:

Date of request: _____ Employee name: _____

Company name: _____

Requested leave dates (mm/dd/yy): _____ to _____.

Reason for the leave of absence: _____

_____.

I have read and fully understand the information contained in [Company name]'s leave of absence policy.

Employee signature

Date

Top Off Leave Request

PLO paid leave may not replace all of an employee's wages/salary. Employees may top off hours with paid leave but not exceed pre-leave wages/salary. [Click here to request](#)

Need to upload leave benefit statement to substantiate leave payment levels are below pre-leave wages/salary. Name, client, dates requested, type of leave to use, attach document to send.