

You can apply for Paid Leave Oregon benefits by completing this application and including the appropriate documentation for your type of leave. We recommend learning about all benefit eligibility requirements before completing your application. You can find this information at paidleave.oregon.gov or call us at 833-854-0166.

You can send your application 30 days before the start date of your leave, or up to 30 days after this date. If circumstances outside of your control prevent you from sending your application during this 60-day time frame, Paid Leave may accept your application up to one year after the start of your leave. If you experience circumstances outside of your control, you need to send documentation to Paid Leave explaining the cause of the delay. Paid Leave will review your documentation and make a decision.

The fastest and easiest way to file for benefits, see the status of your claim, and see your benefit payments is by creating a Paid Leave Oregon account at frances.oregon.gov.

VERIFICATION OF LEAVE

You must show verification for your specific life event by including the appropriate verification document. Paid Leave 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. Visit our Employee Guidebook at <https://paidleave.oregon.gov/resources/resources.html> for a list of acceptable verification documents. Be sure to include a legible copy of an accepted verification document with this application.

IDENTIFICATION

Social Security Number (SSN): _____ or
Individual Taxpayer Identification Number (ITIN): _____
Legal first name: _____
Legal middle name (*if any*): _____
Legal last name(s): _____
Preferred name: _____
Names your current or past employer(s) know you by: _____
Date of birth (*MM/DD/YYYY*): ____ / ____ / ____
Driver's license or state identification number (*if you have one*): _____
Issuing state: _____

Name:	SSN/ITIN:
-------	-----------

IDENTIFICATION *(continued)*

What are your pronouns? *(Select all that apply)* He/him/his She/her/hers
 They/them/theirs Prefer not to say No preference
 Not listed: _____ Not sure *(for claimant designated representative)*

What language do you want to get our services in? English Spanish

We provide free help so you can use our services. Some examples are: sign language interpreters, spoken-language interpreters, written materials in other languages, large print, audio, and other formats.

Do you need help to use our services? Yes No

When you apply for Paid Leave Oregon benefits, the Internal Revenue Code and Oregon Administrative Rules require that you provide your Taxpayer Identification Number (TIN). Your TIN is either your assigned Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). The Oregon Employment Department (OED) uses it to confirm your identity and to report your benefit payments to the Internal Revenue Service and the Oregon Department of Revenue. If your TIN is a SSN, OED will confirm it with the Social Security Administration. If your TIN is an ITIN, OED may confirm it with the Internal Revenue Service. OED uses your TIN as a record for processing your claim and for statistical purposes related to Paid Leave Oregon. These statistics will not include personally identifiable information. OED may use your TIN to collect a debt.

CONTACT INFORMATION

Email address: _____

Note: If you would like to receive information from us electronically, create a Frances Online account at frances.oregon.gov.

Phone number #1

Cell phone Home phone Business phone Phone number: (____) ____ - _____

Phone number #2 *(optional)*

Cell phone Home phone Business phone Phone number: (____) ____ - _____

PHYSICAL ADDRESS

Street line 1: _____

Street line 2: _____

Unit type: _____ Unit number: _____

City: _____ State: _____ Zip: _____ County: _____

Attention: _____ Country: _____

Name: _____ SSN/ITIN: _____

MAILING ADDRESS *(If different from physical address)*

Street line 1: _____

Street line 2: _____

Unit type: _____ Unit number: _____

City: _____ State: _____ Zip: _____ County: _____

Attention: _____ Country: _____

TYPE OF LEAVE & DATES

What type of leave are you requesting? *(Select Yes to only one)*

Family-Bonding leave. Are you taking family 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

Family-Care leave. Are you taking family leave to care for a family member with a serious health condition? Yes No

Medical leave. Are you taking medical leave for your own serious health condition? Yes No

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

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

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

Name: _____

SSN/ITIN: _____

ADDITIONAL TYPE OF LEAVE QUESTIONS

Answer questions that are related to the type of leave you selected in the section above. Not all types of leave have additional questions.

Family-Care leave

Which family member are you taking leave to care for? Child Grandchild
 Grandparent Parent Sibling Spouse or Domestic Partner Other

If "Other" – Please specify the relationship to that is equivalent of a family member.

Contact information for the person you are taking care of:

First name: _____

Last name: _____

Phone number: (____) ____ - _____

Address for the person you are taking care of:

Street line 1: _____

Street line 2: _____

Unit type: _____ Unit number: _____

City: _____ State: _____ Zip: _____ County: _____

Attention: _____ Country: _____

What is the type of care or support you are providing for your family member? Select the option that best applies to your situation.

- 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

If "Other" – Please specify: _____

Name:

SSN/ITIN:

Safe leave

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

EMPLOYMENT INFORMATION

Complete information about all of the jobs you had in Oregon during the following time frames:

- During the 18 months prior to taking paid leave
- While taking paid leave

Note: If your leave hasn't yet started or if you are in the middle of taking your paid leave, only include the jobs you have had through today's date. Include any self-employed businesses if you chose Paid Leave Oregon coverage under that self-employed business.

Include all of these jobs, even if:

- You are not taking leave from all of them
- One (or more) of your employers has an equivalent plan

Note: If all of your employers offer their own equivalent paid leave plans, stop here. You will need to apply through your employer's plan instead of Paid Leave Oregon.

You must provide all the required information for each job.

Your employer (or you as a self-employed business, if chose coverage) is required to submit your wage information quarterly. Paid Leave Oregon will use this information to calculate your weekly benefits. If we can't to match or verify your wages, we will contact you for further information.

Name: _____	SSN/ITIN: _____
-------------	-----------------

Employer #1

Employer business name: _____

Federal Employer Identification Number (FEIN): _____

Business Identification Number (BIN): _____

Employer address

Street line 1: _____

Street line 2: _____

Unit type: _____ Unit number: _____

City: _____ State: _____ Zip: _____ County: _____

Attention: _____ Country: _____

Employer contact name: _____

Employer contact phone number: (____) ____ - _____

Employer contact email address: _____

Work and leave information

Date of hire: ____ / ____ / ____ (MM/DD/YYYY)

Are you still working for this employer:

Yes No, last day worked ____ / ____ / ____ (MM/DD/YYYY)

Occupation (*job title*): _____

Frequency of pay:

Hourly Daily Weekly Bi-Weekly Semi-Monthly Monthly Annually

For the frequency of pay you selected, what is your amount of pay? _____

Are you taking leave from this employer? Yes No

If taking leave from this employer, how many days do you usually work per week for this employer?

Circle one: 1 2 3 4 5 6 7

If you are taking leave from this employer, did you notify this employer about your leave? Yes No

If yes, when did you notify this employer: ____ / ____ / ____ (MM/DD/YYYY)

Name: _____	SSN/ITIN: _____
-------------	-----------------

Employer #2

Employer business name: _____

Federal Employer Identification Number (FEIN): _____

Business Identification Number (BIN): _____

Employer address

Street line 1: _____

Street line 2: _____

Unit type: _____ Unit number: _____

City: _____ State: _____ Zip: _____ County: _____

Attention: _____ Country: _____

Employer contact name: _____

Employer contact phone number: (____) ____ - _____

Employer contact email address: _____

Work and leave information

Date of hire: ____ / ____ / ____ (MM/DD/YYYY)

Are you still working for this employer:

 Yes No, last day worked ____ / ____ / ____ (MM/DD/YYYY)Occupation (*job title*): _____

Frequency of pay:

 Hourly Daily Weekly Bi-Weekly Semi-Monthly Monthly Annually

For the frequency of pay you selected, what is your amount of pay? _____

Are you taking leave from this employer? Yes No

If taking leave from this employer, how many days do you usually work per week for this employer?

Circle one: 1 2 3 4 5 6 7

If you are taking leave from this employer, did you notify this employer about your leave? Yes No

If yes, when did you notify this employer: ____ / ____ / ____ (MM/DD/YYYY)

Name: _____	SSN/ITIN: _____
-------------	-----------------

Employer #3

Employer business name: _____

Federal Employer Identification Number (FEIN): _____

Business Identification Number (BIN): _____

Employer address

Street line 1: _____

Street line 2: _____

Unit type: _____ Unit number: _____

City: _____ State: _____ Zip: _____ County: _____

Attention: _____ Country: _____

Employer contact name: _____

Employer contact phone number: (____) ____ - _____

Employer contact email address: _____

Work and leave information

Date of hire: ____ / ____ / ____ (MM/DD/YYYY)

Are you still working for this employer:

Yes No, last day worked ____ / ____ / ____ (MM/DD/YYYY)

Occupation (*job title*): _____

Frequency of pay:

Hourly Daily Weekly Bi-Weekly Semi-Monthly Monthly Annually

For the frequency of pay you selected, what is your amount of pay? _____

Are you taking leave from this employer? Yes No

If taking leave from this employer, how many days do you usually work per week for this employer?

Circle one: 1 2 3 4 5 6 7

If you are taking leave from this employer, did you notify this employer about your leave? Yes No

If yes, when did you notify this employer: ____ / ____ / ____ (MM/DD/YYYY)

Name: _____	SSN/ITIN: _____
-------------	-----------------

Self-Employment #1

Business name, if applicable: _____

Federal Employer Identification Number (FEIN), if applicable: _____

Business Identification Number (BIN), if applicable: _____

Address

Street line 1: _____

Street line 2: _____

Unit type: _____ Unit number: _____

City: _____ State: _____ Zip: _____ County: _____

Attention: _____ Country: _____

Work and leave information

First day of work in this business: ____ / ____ / ____ (MM/DD/YYYY)

Are you still self-employed and working in this business?

Yes No, last day worked ____ / ____ / ____ (MM/DD/YYYY)

Occupation (*job title*): _____

Frequency of income received from business:

Hourly Daily Weekly Bi-Weekly Semi-Monthly Monthly Annually

For the frequency of income you selected, what is your net income from this business? _____

Are you taking leave from self-employment? Yes No

If you are taking leave from this business, how many days do you usually work per week in this business? Circle one: 1 2 3 4 5 6 7

Additional Employers or Self-Employment

Check this box if you have more jobs and fill out and attach the **Supplemental Employers Form**.

ALL EMPLOYER (AND SELF-EMPLOYED BUSINESS) INFORMATION

On average, how many days per week do you work for all your employers in Oregon? Please include your work as a self-employed person, if you chose coverage.

Note: If you are submitting your application after your leave period started, list the average number of days you worked in Oregon at the time your leave started.

Circle one: 1 2 3 4 5 6 7

Name:	SSN/ITIN:
-------	-----------

ADDITIONAL PREGNANCY LEAVE

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 are you 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)

LEAVE SCHEDULE

What is your type of leave schedule? (*Select only one*)

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: By selecting this option, you must submit the Weekly Claim Form each week you take leave. The form must be sent to us within 30 days from the end of each week you take leave. If your leave recently started, include the Weekly Claim Form with your application. See the Weekly Claim Form instructions for additional information.

For faster weekly claim submissions and to see your claim's weekly status, create a Frances Online account at frances.oregon.gov.

Consecutive leave schedule. You take all of your paid leave between the start and end dates of your leave. You can't work during your leave.

To calculate your benefits, provide the following information. For Paid Leave, a week runs from Sunday through Saturday.

How many days of Paid Leave will you take during the **first week** you start leave?

Circle one: 1 2 3 4 5 6 7

How many days of Paid Leave will you take during the **last week** of your leave period?

Circle one: 1 2 3 4 5 6 7

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

Name:	SSN/ITIN:
-------	-----------

VOLUNTARY DISCLOSURE

Your answers will not be used to make decisions about your claim. Your responses will only be used for group data analysis. To help us better understand the different communities we serve, we encourage you to answer the demographics information below. You can choose the option 'prefer not to say' for any questions.

What is the highest degree or level of school you have completed? *(Choose one answer)*

- No school
- Less than high school
- Some high school, no diploma
- High school graduate, including GED or equivalent
- Technical, trade, or vocational school
- Some undergraduate education or associate degree
- Bachelor's degree
- Postgraduate degree
- Prefer not to say
- Not sure *(for claimant designated representative)*

Do you have a disability? *(Choose one answer)*

You would be considered to have a disability if you have a physical, intellectual, and/or developmental disability or medical condition that substantially limits a major activity, or if you have a history or record of a disability or medical condition. This also includes if you are regarded as having a disability.

- Yes
- No
- Prefer not to say
- Not sure *(for claimant designated representative)*

What is your veteran or military status?

(Choose one answer)

- I am a veteran of the U.S. Armed Forces, Military Reserves, or National Guard
- I am active U.S. Armed Forces, Military Reserves, or National Guard
- I am not a veteran or I do not have a military status
- Prefer not to say
- Not sure *(for claimant designated representative)*

Which of the following best describes you?

(Check all that apply)

- American Indian, Native American, or Alaskan Native
- Asian
- Black or African American
- Hispanic/Latino/a/x
- Native Hawaiian, Pacific Islander
- White
- Middle Eastern/North African
- Choose to self-describe: _____
- Prefer not to say
- Not sure *(for claimant designated representative)*

Are you Hispanic, Latino/a/x, or Spanish?

(Choose one answer)

- Yes, I am Hispanic, Latino/a/x, or Spanish
- No, I am not Hispanic, Latino/a/x, or Spanish
- Prefer not to say
- Not sure *(for claimant designated representative)*

Name:	SSN/ITIN:
<p>What is your sex? <i>(Choose one answer)</i></p> <p><input type="checkbox"/> Woman/female</p> <p><input type="checkbox"/> Man/male</p> <p><input type="checkbox"/> Prefer not to say</p> <p>Are you transgender? <i>(Choose one answer)</i></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Questioning/exploring</p> <p><input type="checkbox"/> Prefer not to say</p> <p><input type="checkbox"/> I don't know what this question is asking</p> <p><input type="checkbox"/> Not sure <i>(for claimant designated representative)</i></p> <p>What is your gender? <i>(Check all that apply)</i></p> <p><input type="checkbox"/> Agender/no gender</p> <p><input type="checkbox"/> Non-binary</p> <p><input type="checkbox"/> Woman/girl</p> <p><input type="checkbox"/> Man/boy</p> <p><input type="checkbox"/> Another gender not listed. Please specify: _____</p> <p><input type="checkbox"/> Questioning/exploring</p> <p><input type="checkbox"/> Prefer not to say</p> <p><input type="checkbox"/> I don't know what this question is asking</p> <p><input type="checkbox"/> Not sure <i>(for claimant designated representative)</i></p>	<p>How do you describe your sexual orientation or sexual identity? <i>(Check all that apply)</i></p> <p><input type="checkbox"/> Asexual</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Gay</p> <p><input type="checkbox"/> Lesbian</p> <p><input type="checkbox"/> Pansexual</p> <p><input type="checkbox"/> Queer</p> <p><input type="checkbox"/> Questioning/exploring</p> <p><input type="checkbox"/> Same-gender loving</p> <p><input type="checkbox"/> Same-sex loving</p> <p><input type="checkbox"/> Straight <i>(attracted mainly to or only to other gender(s) or sex(s))</i></p> <p><input type="checkbox"/> Another sexual orientation not listed. Please specify: _____</p> <p><input type="checkbox"/> Prefer not to say</p> <p><input type="checkbox"/> I don't know what this question is asking</p> <p><input type="checkbox"/> Not sure <i>(for claimant designated representative)</i></p>
RECEIVING YOUR BENEFITS	
<p>How would you like to receive benefit payments if they are approved? <i>(Select only one)</i></p> <p><input type="checkbox"/> Direct deposit</p> <p style="padding-left: 40px;"><input type="checkbox"/> Checking account <input type="checkbox"/> Savings account</p> <p>Financial institution: _____</p> <p>Bank routing number: _____</p> <p>Account number: _____</p>	

Name:

SSN/ITIN:

RECEIVING YOUR BENEFITS

Please check the box below to confirm your choice of direct deposit as your payment method:

- I give the Oregon Employment Department Paid Leave Oregon program permission to electronically deposit payment in the above listed financial institution. I give the above-named institution permission to accept this payment and deposit it into the account I have listed above.

I understand that this permission will replace any previous permission, and will remain in effect until I send Paid Leave Oregon written notice of its cancelation, or one year has passed since I last filed a claim.

I understand that if my benefit payments cannot be deposited into the above listed financial institution account, my benefit payments will automatically be paid on a U.S. Bank ReliaCard®. I have reviewed the included ReliaCard disclosures before making my payment selection.

- Debit card (ReliaCard).** Note: If you have received Paid Leave benefit payments via ReliaCard in the past, Paid Leave Oregon will use the same ReliaCard for this claim. Please let Paid Leave know if you need a new card.
- I have reviewed the included ReliaCard disclosure.

TAX WITHHOLDING ELECTION

How do you want your taxes from benefit payments withheld?

- I want BOTH 10% for my federal and 8% for my state personal income taxes withheld from my benefit payments.
- I want ONLY 10% of my benefit payments withheld for federal personal income taxes.
- I want ONLY 8% of my benefit payments withheld for state personal income taxes.
- I do not want taxes withheld from my benefit payments.

Name:	SSN/ITIN:
-------	-----------

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 Paid Leave Oregon.

I understand that my employer(s) will be informed about my application for leave, the dates and amount of leave, and of the department's decision on my application.

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

I authorize Paid Leave Oregon and the Oregon Employment Department to release relevant claim information to health care providers related to my paid leave claim.

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

Signature	Date (MM/DD/YYYY)
-----------	-------------------

Claimant designated representative signature	Date (MM/DD/YYYY)
--	-------------------

Claimant designated representative (*print name*)

Missing information or documents can cause a delay in processing your application for benefits.

Mail your completed application and all required documents to:

**Attn: Paid Leave Oregon
Oregon Employment Department
875 Union St NE
Salem, OR 97311**

Need help?

The Oregon Employment Department (OED) is an equal opportunity agency. OED provides free help so you can use our services. Some examples are sign language and spoken-language interpreters, written materials in other languages, large print, audio, and other formats. To get help, please call 833-854-0166 (toll free). TTY users call 711. You can also send an email to paidleave@oregon.gov.

U.S. Bank ReliaCard® Pre-Acquisition Disclosure
 Program Name: Oregon State Government Programs

You have options as to how you receive your payments, including direct deposit to your bank account or this prepaid card. Ask your agency for available options and select your option.			
Monthly fee	Per purchase	ATM withdrawal	Cash reload
\$0	\$0	\$0 in-network \$2.00* out-of-network	N/A
ATM Balance Inquiry (in-network or out-of-network)			\$0
Customer Service (automated or live agent)			\$0 per call
Inactivity (after 365 days with no transactions)			\$2.00 per month
We charge 3 other types of fees. One of them is:			
International Transaction			3%
<p>* This fee can be lower depending on how and where this card is used. See the accompanying Fee Schedule for free ways to access your funds and balance information.</p> <p>No overdraft/credit feature. Your funds are eligible for FDIC insurance.</p> <p>For general information about prepaid accounts, visit cfpb.gov/prepaid. Find details and conditions for all fees and services inside the card package or call 1-855-282-6161 or visit usbankreliacard.com.</p>			

U.S. Bank ReliaCard® Fee Schedule
 Program Name: Oregon State Government Programs

All fees	Amount	Details
Get cash		
ATM Withdrawal (in-network)	\$0	This is our fee per withdrawal. "In-network" refers to the U.S. Bank or MoneyPass® ATM networks. Locations can be found at usbank.com/locations or moneypass.com/atm-locator.html .
ATM Withdrawal (out-of-network)	\$2.00	This is our fee per withdrawal. This fee is waived for your first 2 ATM withdrawals per month, which includes both ATM Withdrawals (out-of-network) and International ATM Withdrawals. "Out-of-network" refers to all the ATMs outside of the U.S. Bank or MoneyPass ATM networks. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Teller Cash Withdrawal	\$0	This is our fee for when you withdraw cash off your card from a teller at a bank or credit union that accepts Visa®.
Information		
ATM Balance Inquiry (in-network)	\$0	This is our fee per inquiry. "In-network" refers to the U.S. Bank or MoneyPass ATM networks. Locations can be found at usbank.com/locations or moneypass.com/atm-locator.html .
ATM Balance Inquiry (out-of-network)	\$0	This is our fee per inquiry. "Out-of-network" refers to all the ATMs outside of the U.S. Bank or MoneyPass ATM networks. You may also be charged a fee by the ATM operator.
Using your card outside the U.S.		
International Transaction	3%	This is our fee which applies when you use your card for purchases at foreign merchants and for cash withdrawals from foreign ATMs and is a percentage of the transaction dollar amount, after any currency conversion. Some transactions, even if you and/or the merchant or ATM are located in the United States, are considered foreign transactions under the applicable network rules, and we do not control how these merchants, ATMs and transactions are classified for this purpose.
International ATM Withdrawal	\$2.00	This is our fee per withdrawal. This fee is waived for your first 2 ATM withdrawals per month, which includes both ATM Withdrawals (out-of-network) and International ATM Withdrawals. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Other		
Card Replacement	\$0	This is our fee per card replacement mailed to you with standard delivery (up to 10 business days).
Card Replacement Expedited Delivery	\$15.00	This is our fee for expedited delivery (up to 3 business days) charged in addition to any Card Replacement fee.
Inactivity	\$2.00	This is our fee charged each month after you have not completed a transaction using your card for 365 consecutive days.

Your funds are eligible for FDIC insurance. Your funds will be held at U.S. Bank National Association, an FDIC-insured institution, and are insured up to \$250,000 by the FDIC in the event U.S. Bank fails. See fdic.gov/deposit/deposits/prepaid.html for details.

No overdraft/credit feature.

Contact Cardholder Services by calling **1-855-282-6161**, by mail at P.O. Box 551617, Jacksonville, FL 32255 or visit usbankreliacard.com.

For general information about prepaid accounts, visit cfpb.gov/prepaid. If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit cfpb.gov/complaint.

CR-36991804

The ReliaCard is issued by U.S. Bank National Association pursuant to a license from Visa U.S.A. Inc. © 2023 U.S. Bank. Member FDIC.