**City of McMinnville**

230 NE 2nd Street

McMinnville, OR 97128

**Family Medical Leave/Oregon Family Leave Affidavit of Family Relationship**

**Instructions to employee:** In order to approve your request for leave to be covered under FMLA/OFLA, the City of McMinnville requests information regarding your relationship to the individual for whom you will be caring. Please complete this form and return to Human Resources with your Request for FMLA/OFLA form.

**Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for FMLA/OFLA Leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Family Member’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to You: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Family members covered under FMLA include:**

• Parent (biological, adoptive, step or foster father or mother, or any other individual who stood in loco parentis to the employee when the employee was a son or daughter).

• Spouse

• Child (biological, adoptive, step or foster children, legal wards, or a child of a person standing in loco parentis of the employee). Note: Child must be either under age 18, or age 18 or older and “incapable of self-care because of a mental or physical disability” at the time that FMLA leave is to commence.

• For purposes of military caregiver leave under FMLA, next of kin of a covered service member means the nearest blood relative other than the covered service member’s spouse, parent, son or daughter in the following order of priority: Blood relatives who have been granted legal custody of the covered service member by court decree or statutory provisions, brothers and sisters, grandparents, aunts and uncles, and first cousins unless the covered service member has specifically designated in writing another blood relative as his or her nearest blood relative for purposes of military caregiver leave under the FMLA.

**Family members covered under OFLA include:**

* All the above-mentioned family members
* Grandparents and grandchildren
* Parents-in-law
* Same-gender domestic partners and children of same-gender domestic partners.

**\_\_\_\_ I certify that the family member for whom I need to provide care for a serious health condition or other FMLA/OFLA qualifying reason is a covered family member as defined above.**

Print Name Signature Date