

ELIGIBILITY REQUIREMENTS	Paid Leave Oregon (PLO)	OFLA	FMLA	Oregon Sick Time	STD Disability	LTD Disability
Covered Employers	All Employers except federal or tribal governments	Employers with 25 or more employees	Employers with 50 or more employees and all public employers	All employees are eligible for protected unpaid time	n/a	n/a
Wages required to be eligible for leave	\$1,000 in wages, earned in Oregon in the previous year	n/a	n/a	n/a	n/a	n/a
Required time worked for employer before taking leave and before job protection applies	No work time requirement for Paid Leave benefits, but must have worked 90 days to have job protection under Oregon Paid Leave	180 days	12 months	90 days	First day of the month following the date of hire; first date of hire if it coincides with the first day of the month	First day of the month following the date of hire; first date of hire if it coincides with the first day of the month
Required hours worked for employee to be eligible for leave	n/a	25 hrs/week in past 180 days. Does not apply to parental leave	1,250 hours in previous 12 months	1 sick time hour earned for every 30 hours worked	n/a	n/a
QUALIFYING PURPOSES	Paid Leave Oregon (PLO)	OFLA	FMLA	Oregon Sick Time	STD Disability	LTD Disability
Family Leave						
Birth, adoption or foster placement, and bonding	YES	YES	YES	YES	Pregnancy Disability (first 6 weeks after birth - for mother) or prior to birth if due to serious illness/injury)	Possible Pregnancy Disability
Family member's serious health condition (family member definitions vary)	YES	YES	YES	YES	NO	NO
Medical Leave						
Employee's own serious health condition	YES	YES	YES	YES	YES	YES
Safe Leave						
Domestic violence, sexual assault, harassment or stalking	YES	NO Serious health condition and reasonable safety accommodations under ORS 659A may include leave	NO	YES	NO	NO
Other Leave Types						
Extended leave for a pregnancy *In addition to leave for serious health condition	YES	YES	NO	NO	YES	YES
Sick Child Leave	NO	YES	NO	YES	NO	NO
Military Family Leave	NO	YES	YES	NO	NO	NO
Bereavement Leave	NO	YES	NO	YES	NO	NO

Public Health Emergency	NO	YES Active Public Health Emergency allows for sick child leave for school/child care closures	NO	YES	NO	NO
LEAVE DURATION AND BENEFIT PAYMENTS	Paid Leave Oregon (PLO)	OFLA	FMLA	Oregon Sick Time	STD Disability	LTD Disability
Leave duration (most cases)	12 weeks in a calendar year	12 weeks in a calendar year	12 weeks in a calendar year	40 hours in a calendar year	SPA Members (60) All other regular employees (90)	SPA Members (begins day 61) All other regular employees (begins on day 91)
Maximum leave duration (for certain combinations of leave types)	14 weeks in a calendar year	36 weeks in a calendar year	26 weeks in a calendar year	40 hours per calendar year	SPA Members (60) All other regular employees (90)	Refer to LTD Policy
Payment	Paid Leave	Unpaid Leave	Unpaid Leave	Paid Leave	Wage Protection	Wage Protection
Benefit amount	Varies based on employee's average weekly wage.	n/a	n/a	100% of regular wages	60% of Base Rate of Pay	60% of Base Rate of Pay
LEAVE BANKS	Paid Leave Oregon (PLO)	OFLA	FMLA	Oregon Sick Time	STD Disability	LTD Disability
Sick Bank	YES (supplement PLO)	YES	YES	YES	May supplement, not to exceed 100% of Base Rate of Pay (0, 20%, or 40%)	Must supplement with leave banks 40%, not to exceed 100% of Base Rate of Pay
Vacation Bank	YES (supplement PLO)	YES	YES	YES	May supplement, not to exceed 100% of Base Rate of Pay (0, 20%, or 40%)	Must supplement with 40%, not to exceed 100% of Base Rate of Pay
Comp Bank	YES (supplement PLO)	YES	YES	YES	May supplement, not to exceed 100% of Base Rate of Pay (0, 20%, or 40%)	Must supplement with 40%, not to exceed 100% of Base Rate of Pay
PTO Bank	YES (supplement PLO)	YES	YES	YES	May supplement, not to exceed 100% of Base Rate of Pay (0, 20%, or 40%)	Must supplement with 40%, not to exceed 100% of Base Rate of Pay
Holiday Bank	YES (supplement PLO)	YES	YES	YES	May supplement, not to exceed 100% of Base Rate of Pay (0, 20%, or 40%)	Must supplement with 40%, not to exceed 100% of Base Rate of Pay
SUPPLEMENTAL INCOME WHILE ON LEAVE	Paid Leave Oregon (PLO)	OFLA	FMLA	Oregon Sick Time	STD Disability	LTD Disability
Disability	YES	YES	YES	NO	NO	NO
Sick Leave Reserve	NO	YES	YES	NO	NO	NO
Leave Donation	NO	YES	YES	NO	NO	NO