Comparison of Paid Leave Oregon, the Oregon Family and Medical Leave Act (OFLA), the Federal Family and Medical Leave Act (FMLA), and Oregon Paid Sick Time

Eligibility requirements

| | Paid Leave Oregon | OFLA | FMLA | OR Paid Sick Time |
|---|-------------------------------------|--|--|---|
| Employer size requirement | n/a | 25 or more employees | 50 or more employees | 10 or more employees to be paid (6 or more in Portland) |
| Required wages to be eligible for leave | \$1000 wages in previous year | n/a | n/a | n/a |
| Required time worked for employer before taking leave | n/a | 180 days | 12 months | 90 days |
| Required hours worked for employer to be eligible for leave | n/a | 25 hrs/week in previous 180 days | 1,250 hours in previous 12 months | 1 sick hour for every 30 hours worked |
| Geographic requirement | n/a | n/a | Location with 50 employees within 75 miles | n/a |

Eligibility requirement

Not a requirement

Leave duration and benefit payments

| | Paid Leave Oregon | OFLA | FMLA | OR Paid Sick Time |
|--|--|-----------------------------|----------------------------------|---------------------------------|
| Leave duration (for most cases) | 12 weeks in one-year period | 12 weeks in one-year period | 12 weeks in one- year period | 40 hours in one- year period |
| Maximum leave duration (for certain combinations of leave types) | 14 weeks in a one-year period | 36 weeks in one-year period | 2 weeks in a one- year period | n/a |
| Payment | Paid Leave | Unpaid Leave | Unpaid Leave | Paid Leave |
| Benefit amount | Varies based on employee's average weekly wage. Up to 100% for lower- income workers. | n/a | n/a | 100% of regular wages. |

Qualifying purposes

| | Paid Leave Oregon | OFLA | FMLA | OR Paid Sick Time |
|---|----------------------|------|------|----------------------|
| Family Leave | | l | | |
| Birth, adoption or foster placement | Yes | Yes | Yes | Yes |
| Family member's serious health condition | Yes | Yes | Yes | Yes |
| Medical Leave | | | | |
| Individual's own serious health condition | Yes | Yes | Yes | Yes |
| Safe Leave | | | | |
| Domestic violence, sexual assault, harassment or stalking | Yes | No | No | Yes |
| Other leave types | | | • | |
| Pregnancy disability leave* *In addition to leave for | Yes | Yes | No | No |
| serious health condition | | | | |
| Sick child leave | No | Yes | No | No |
| Military family leave | No | Yes | Yes | No |
| Bereavement leave | No | Yes | No | Yes |
| Public Health Emergency | No | No | No | Yes |
| | | | | |

Covered Not covered