



Request for Family and Medical Leave of Absence

<p>This form is to be used when requesting leave under the Family and Medical Leave Act of 1993, as amended. When the need for leave is foreseeable, an employee must provide the Company with thirty days advance notice before FMLA leave is to begin. When it is not foreseeable to provide advance notice, such notice must be given as soon as practicable. In all cases, an employee may provide notice of intent to use FMLA either to his or her immediate supervisor, or to Human Resources.</p> <p>Employees are encouraged to read NFTA Policy 04-02-14 "Family and Medical Leaves of Absence," available on the Company's intranet, and in Human Resources. Additional information about the Family and Medical Leave Act may be found at http://www.wagehour.dol.gov/</p>	
Employee Name	Employee Number
Department/Location	Title
Supervisor	Phone
Date Leave Will Begin:	Return Date:
	Number of hours needed: _____
Contact Information While on Leave	
Address (Number, Street)	City, State, Zip
Home Phone	Cell Phone
Reason for Leave	
<input type="checkbox"/> The birth and care of my child Date of birth _____ *Attach form WH-380E, Certification of Healthcare Provider for Employee's Serious Health Condition at time of initial leave request	<input type="checkbox"/> The placement of a child with me for adoption or foster care * Date of placement _____ *Attach official documentation from placement agency at time of initial FMLA request
<input type="checkbox"/> A serious health condition that makes me unable to perform the duties of my job * *Attach form WH-380E, Certification of Healthcare Provider for Employee's Serious Health Condition at time of initial leave request	<input type="checkbox"/> The care of my spouse, child, or parent who has a serious health condition * Name of family member _____ Relationship to employee _____ *Attach form WH-380F, Certification of Healthcare Provider for Family Member's Serious Health Condition at time of initial leave request
<input type="checkbox"/> Qualifying Exigency due to family member's status as a covered military member on active duty* Name of family member _____ Relationship to employee _____ *Attach form WH-384, Certification of Qualifying Exigency for Military Family Leave at time of initial leave request	<input type="checkbox"/> To care for a covered Servicemember with a serious injury * Name of family member _____ Relationship to employee _____ *Attach form WH-385, Certification of Serious Injury or Illness of Covered Servicemember form at time of initial leave request

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I understand that my leave of absence will not begin until it has been reviewed and approved by Human Resources. I further understand that if I engage in outside employment while on leave from NFTA/NFT Metro, I may be subject to discipline, up to and including termination.

To all members of Bargaining Units with Absentee Control Programs: In the event that your FMLA application is denied, all absences that occurred while your application for FMLA leave was pending will count in the applicable Absentee Control Program, even if the applicable penalties/steps were not imposed at the time of your instance(s). Therefore, if your application for FMLA is denied, you must obtain a note from your healthcare provider excusing any absence(s) that occurred while you were seeking FMLA leave. The Authority will accept excuses from your healthcare provider, provided they otherwise meet the requirements of the applicable Absentee Control Program, as long as the notes are presented within three business days of your return to work following the denial of your FMLA application.

Employee Signature

Date

To be completed by Immediate Supervisor

Date Request Received _____

Number of FMLA hours used in the twelve months prior to this request: _____

Supervisor's Signature

Date

To be completed by Human Resources

Approved

Denied

Human Resources Signature

Date