



CSX FMLA Center  
c/o APS Healthcare  
300 N Executive Drive, Suite 300  
Brookfield, WI 53005  
Phone: 1-855-517-8331

May 5, 2014

[NAME\_EMPLOYEE]  
[ADDRESS]  
[City, State, Zip Code]

CSX ID No. [EMPLOYEE\_CO\_ID]

**Re: Employee Family And Medical Leave Act Notification**

**IT IS IMPORTANT THAT YOU CAREFULLY READ THE ENCLOSED MATERIALS**

Dear [Employee's Name]:

Our records indicate that you are currently approved for leave under the Family and Medical Leave Act ("FMLA") for a qualifying reason. CSX Transportation, Inc. ("CSXT") is committed to complying with its obligations under FMLA. At the same time, to minimize disruption of our critical operations, CSXT must ensure that employees are properly utilizing their approved FMLA leave. Therefore, this letter is to remind you of your rights and responsibilities as an employee with an approved FMLA leave as described in detail below.

**FMLA LEAVE ENTITLEMENT**

Under the FMLA, eligible employees are entitled to take up to 12 workweeks of leave during any 12-month period which is calculated using a "rolling" 12-month period measured backward from the date an employee uses any FMLA leave. Accordingly, after an employee has exhausted the 12-workweek entitlement, any additional periods of leave are not protected by the FMLA.

**SCHEDULING FMLA LEAVE**

Employees are required to comply with all call-in procedures and policies when requesting time off under the FMLA. Additionally, as you may be aware, the U.S. Department of Labor's FMLA regulations require employees to work with their employer in an effort to schedule office visits and/or treatment so that they do not unduly disrupt the employer's operations. Additionally, employees are required to provide the employer with advanced notice when an office visit and/or treatment are foreseeable. For instance, if the employee knows of an appointment more than 31 days in advance, he or she must provide their employer with at least 30-days notice of the need for FMLA leave. Otherwise, the employee must notify the employer as soon as possible and practical. In accordance with the FMLA

regulations, the employer is permitted to deny or delay an employee's use of FMLA if the employee fails to provide the Company with sufficient notice of the need for FMLA leave.

Based on the above, if possible, office visits and/or treatment should be scheduled on your time off. If you are unable to schedule appointments or treatments on your time off, please contact your supervisor/manager to determine whether a certain day or time will be less disruptive to operations. In any event, if you cannot schedule your appointments and/or treatments on your days off, be sure to provide the Company with sufficient notice of your need for leave.

### **SUBSTITUTION OF PAID FOR UNPAID LEAVE**

You may be required to use available paid leave during your absence pursuant to the Company's FMLA policy. This means that you will receive your paid leave, but this leave may run concurrent with protected FMLA or state leave law and counted against your leave entitlement under these policies/laws.

#### **Employees Whose Vacation, Sick and Personal Leave Benefits are Provided under a Collective Bargaining Agreement:**

- Any unused paid sick leave must be substituted for FMLA leave taken for an employee's own serious health condition.
- Employees may, at their option, elect to substitute available vacation and/or personal leave to run concurrently with FMLA leave.

#### **Employees Who Receive Management Vacation Benefits:**

- Any unused paid vacation must be substituted for FMLA leave taken for any FMLA qualifying reason except for a continuous absence for the employee's own serious health condition.
- Employees may, at their option, elect to substitute available vacation to run concurrently with FMLA leave for a continuous absence for the employee's own serious health condition.

### **RECERTIFICATION**

The Company may ask you to recertify your need for FMLA leave under the following circumstances: 1) if you request an extension of your leave; 2) the circumstances described by your previous medical certification have changed significantly; or 3) the Company receives information that casts doubt upon either the stated reason for absence or the continued validity of the medical certification. You must provide the requested recertification within the time frame requested by the Company.

### **ALTERNATE EMPLOYMENT**

This FMLA leave approval does not constitute authorization to obtain any form of alternate employment during the period of your FMLA leave. Refer to applicable company policies or your collective bargaining agreement regarding employment outside of the Company.

### **CONCLUSION OF APPROVED FMLA LEAVE PERIOD**

At the conclusion of your FMLA leave period as specified in your Approval letter or if your FMLA request has been denied or cancelled, please contact the CSX FMLA Center should you need to reapply for FMLA leave in the future.

### **REINSTATEMENT RIGHTS**

Subject to the limitations under the FMLA, generally you are entitled to be reinstated to the same or equivalent job with the same pay, benefits and terms and conditions of employment on your return to work from FMLA protected leave. If your leave extends beyond the end of your FMLA entitlement, you may not have reinstatement rights under the FMLA.

### **FAILURE TO COMPLY WITH FMLA RESPONSIBILITIES**

You are responsible for using FMLA leave for your approved use, as indicated above. Additionally, you are responsible for ensuring that the information and documentation provided to the Company to support your need for FMLA leave is accurate. Any misuse of FMLA leave, failure to timely provide a completed medical certification, failure to comply with applicable call-in procedures or providing inaccurate information in support of FMLA leave may subject you to handling under the Individual Development and Personal Accountability Policy (IDPAP) or applicable disciplinary and/or absenteeism policies.

If you have questions regarding your approved FMLA leave, please log-on to the FMLA Self Service System at [www.leavelink.com/CSX\\_SelfService/home.cfm](http://www.leavelink.com/CSX_SelfService/home.cfm) to confirm or verify the end date of your approval, your approved use and reason. Your User ID is your CSX Employee ID. If you have forgotten your password, click on the "Forgot your password?" link to reset it.

Please call the **CSX FMLA Center at 1-855-517-8331** if you have any questions regarding this matter.