

INSTRUCTIONS for completing the SR-71 – Request for FMLA, Child Care and Military Leave of Absence

SECTION 1: Tell us about you

- 1) Name: Enter your full name – First, Middle, and Last name
- 2) TK ID: Enter your timekeeping ID number as it appears in the TK ID box on your timesheet, below your name.
- 3) Date of Request: Enter date you are making request
- 4) Home Address: Enter your full address with house/building number, street name, borough, city and state.
- 5) Employee Home/Cell phone number: Enter number and circle whether it is your home or cell phone number.
- 6) Alternate Number: Enter another number where you can be reached.
- 7) Personal Email Address: Print your email address (Not work email address, if you are seeking continuous leave)

SECTION 2: Tell us about your work and supervisor

- 8) Employee Work Title: Write in your work title.
- 9) Employee Work Location: What is the address where you work, including the name of the building, if any.
- 10) Name of your Supervisor
- 11) Supervisor's Telephone Number: Please include area code.
- 12) Employee Department:

SECTION 3: Tell us about your request

Family and Medical Leave Act (FMLA): The federal Family and Medical Leave Act (FMLA) entitles eligible NYC Health + Hospitals employees to up to 12 weeks of leave in a 12-month period for child care upon the birth, adoption or foster care placement of a child; and for the *serious health condition* of the employee or covered family members (spouse, son, daughter, or parent). FMLA Leave can be **continuous** if you are taking off more than 3 consecutive days or **intermittently** or on a reduced schedule if you take off increments of less than one whole work day. Either type of FMLA Leave must not exceed 12 weeks or 480 hours in a 12 month period. Intermittent Leave may be taken when medically necessary due to the serious health condition of a covered family member or the employee or the serious injury or illness of a covered service member. If the employee needs intermittent leave for a planned medical treatment, then the employee must make a reasonable effort to schedule the treatment so as not to disrupt unduly NYC Health + Hospitals operations. **Non-FMLA medical leave** may be requested, if the employee and/or family member is not eligible for FMLA. To be **eligible for FMLA**, the employee must be working for a covered employer and have at least one year of NYC service, and have worked a minimum of 1250 hours over the 12-month period immediately following the start of the leave, using a "rolling year." If you are uncertain about your eligibility, please contact a HRSS Leave Administrator.

13) Medical Leave of Absence: Check which leave type applies. Choose FMLA Continuous if your leave will be more than three consecutive work days.

13a. FMLA Qualifying Reasons: Check which FMLA reason applies.

14. Child Care Leave: Child must be under the age of four. Must be a child by birth (for male or female). Please provide the dates the child care leave begins and ends. Also, provide the full name of the child for which the leave is taken and the child's date of birth (DOB).

14a. Acceptable proof of child's date of birth (DOB):

1. Biological Child: Birth Certificate with parent's name
2. Adopted Child: Birth certificate and court ordered papers of adoption.

15. Military Family Leave: In addition, eligible employees with family members in the military are entitled to two types of Military Family Leave. *Servicemember Family Leave* entitles eligible employees to up to 26 weeks of unpaid leave during a single twelve (12)-month period to care for an injured member of the Armed Forces. *Qualifying Exigency Leave* entitles eligible employees to up to 12 weeks of leave during a single twelve (12)-month period to handle any qualifying exigencies (situations requiring immediate attention) as a result of a qualified family members' military deployment. Qualified family members include spouses, sons, daughters, parents or next of kin who are on active duty in the Armed Forces or who have been notified of an impending call to active duty. The FMLA does not provide paid leave. Contact HRSS Leave Administration if you are out more than three consecutive workdays. Approved paid or unpaid leave for FMLA eligible events will be designated FMLA leave.

Choose which Military Leave applies.

15a. Qualifying Exigency Leave: Allows the employee to take up to 12 work weeks of unpaid leave to assist with non-medical family-related situations requiring immediate attention. Choose which exigency applies.

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| <input type="checkbox"/> Short-notice deployment (7 days or less) | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Military events and related activities | <input type="checkbox"/> Rest and Recuperation (up to 5 days each) |
| <input type="checkbox"/> Child Care and School Activities | <input type="checkbox"/> Post-deployment activities |
| <input type="checkbox"/> Financial Legal Arrangements | <input type="checkbox"/> Additional agreed upon activities |

SECTION 4. Employee Certification and Signature

By signing this document, you are making a claim and attesting to the truthfulness of this claim. If your claim is determined to be knowingly and willingly false, you can face discipline, up to and including the termination of your employment.

SECTION 5. Leave Status – This Section for HRSS Leave Administrators Only