

Request for FMLA, Child Care and Military Leave

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SECTION 1. Tell us about you.	Please, print all info	rmation le	gibly.					
Print Employee Full Name (First Middle Last)			2. Employee ID	Date of Request				
4. Employee Home Address (Number and street name; Apt No.; City; State)			5. Employee Home/Cell Phone No.	6. Alternate Phone				
7. Personal Email Address								
SECTION 2. Tell us about your	work and sup	ervisor						
8. Employee Work Title			Employee Work Location					
10. Name of your Supervisor			11. Supervisor's Telephone Number (Include area code)	12. Employee Department				
SECTION 3. Tell us about your								
13. Medical Leave of Absence (Check which a	pplies)	13a. FMLA Qualifying Reasons: (Check which reason applies)						
□ FMLA Continuous □ FMLA Intermittent □ Non-FMLA			An eligible employee may request up to twelve (12) weeks of unpaid job-protected leave for the serious health condition of:					
Amount of Leave Requested:			 □ Employee □ Employee's spouse (or domestic partner) □ Foster care placement of a child 					
From: To:			□ Parent(s); or□ Child (under 18 years of age)□ Child (under 18 years of age)					
Total Time Away from Work Needed:		□ Child	over 18, if incapable of self-care due to phy	rsical or mental disability; or				
14. Child Care Leave		Must be child by birth or adoption. Acceptable proof of child's date of birth (DOB):						
Period Requested: From To:		Biological Child: Birth certificate with parent's name						
Name of Child:DOB:			2. Adopted Child: Birth certificate and court ordered papers of adoption. 2. Adopted Child: Birth certificate and court ordered papers of adoption.					
Type of Proof Provided:								
15. Military Leave			amily Leave: Allows an eligible family me					
□ Covered Service Member Family Leave	weeks in a 12 mont	n (if the nearest blood relative) of a "covered service member" to take off up to 26 work- h period to provide care for a service member in any branch of the military while in active						
□ Qualifying Exigency Leave	-	rans who were members of any branch if receiving medical treatment or if recuperating s of service in the military.						
Amount of Leave Requested:	15a. Qualifying	Exigency I	.eave: Allows the employee to take u	o to 12 work weeks of unpaid leave				
From: to assist with non			-medical family-related situations requiring immediate attention.					
To: Eight (8) Exigencion Short-notice depl			days or less)					
Total Time Away from Work Needed: — Military events an — Child Care and Sci — Financial Legal Ari			ies □ Post-deploymer					
SECTION 4. Employee Certifica			- Additional agree	ed apon derivities				
I certify that the leave/absence requested above leave/approved absence, and provide additional				ocedures for requesting				
Employee Signature	;		Date Signed					
SECTION 5. Leave Status – This	Section for I	HRSS L	eave Administrators Only					
□ Approved Date Approved	Ar	mount of T	ime Approved:					
□ Denied Date Denied								
Reason Approved or Denied:								
Print Name of HRSS Leave Administrator Approv	ing or Denying Lea	ve	Signature	Date				

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	s the employe	e to take up	to 12 work	weeks of u	npaid leave t	o assist with	non-medical t	family-
relat	ed situations requiring	immediate atte	ention. Choos	e which exig	ency applic	es.				

□ Short-notice deployment (7 days or less) □ Counseling

☐ Military events and related activities ☐ Rest and Recuperation (up to 5 days each)

□ Child Care and School Activities
 □ Financial Legal Arrangements
 □ 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