Request for Family and Medical Leave Form



HR-BEN-028

Section 1 - Information and Instructions

The Purpose of this form is to request Family and Medical Act Leave (FMLA).

Please fax a signed copy of the form to 212-852-8700 or e-mail a signed copy of the form to <u>bscservices@mtabsc.org</u>.

If you have any questions, please contact MTA Business Service Center (BSC) at 646-376-0123 or bscservices@mtabsc.org.

Eligible employees requesting Family and Medical Leave may request a copy of the policy, application and medical certification from their manager, from the BSC Customer Management Center by calling 646-376-0123, or the forms can be downloaded from the BSC Portal. In Non- Emergency situations, employees must request FMLA leave 30 days prior to the start of leave.

When leave is needed to care for a seriously ill family member, proof of the family relationship must be supplied with the FMLA application (i.e. a copy of birth certificate, legal adoption papers, or marriage license, etc.). Employees are required to forward a completed Certification of Health Care Provider in a sealed envelope marked "Confidential- Medical Certification" to their agency's FMLA Medical Department (see attached FMLA Agency Medical Department Checklist for address).

The Medical Certification and proof of relationship must be furnished within 15 days of submitting an FMLA leave request. The failure to do so may result in denial of delay the request.

Employees requesting FMLA leave on an intermittent basis or a reduced leave schedule, must state in the FMLA leave request form why intermittent FMLA is medically necessary, indicating how long the intermittent leave is expected to last, and providing a schedule of proposed dates that the leave will be taken. If intermittent leave is approved, the employee is responsible for keeping their supervisor and the FMLA Administrator informed of their schedule and must schedule medical appointments for themselves or eligible family member, or service member, whenever possible, outside of working hours. The information must be furnished within 15 days of submitting an FMLA leave Request. The failure to do so may result in denial or delay the request.

Request for Military Family Leave under: (1) Qualified exigency must be supported with the service member's active duty orders and certification, or acceptable documentation. (2) Request to care for service member with a serious injury or illness must be supported by a certification completed by health care provider or by a copy of an Invitational Travel Order (ITO) or Invitational Travel Authorization (ITA) issued to any member of the covered service member's family.

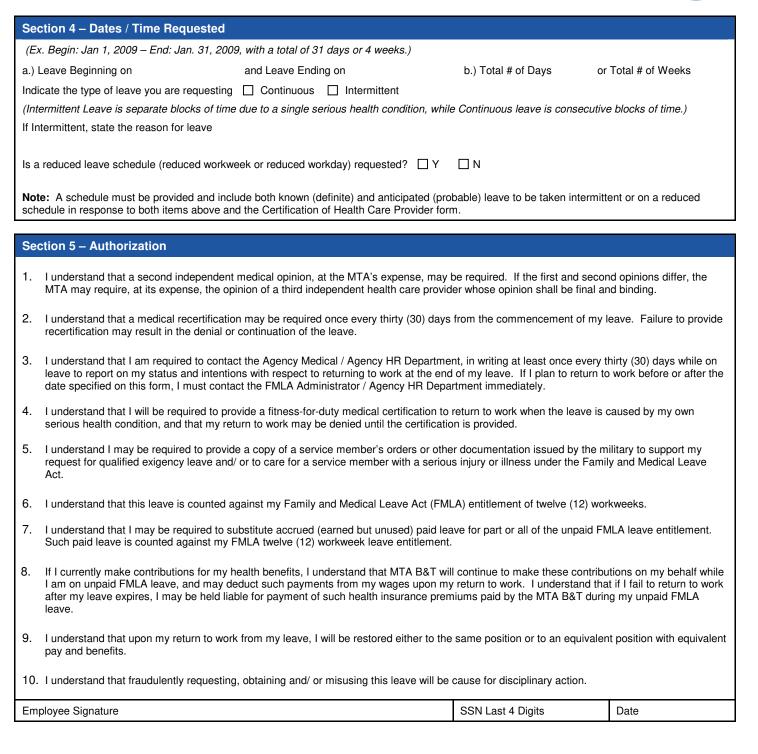
Employees returning to work following their own serious medical condition must submit medical clearance from their physician to their Agency Medical Department prior to returning to work. Employees out on unpaid FMLA leave for more than 15 days in one month will not accrue leave time for that month. Unpaid absences do not count toward credited pension service.

Section 2 - Employee Information									
Print Name								BSC Employee ID	
	Last			First		М	Suffix		
Agency (check one)	BSC	□ B&T			🗌 HQ		LI Bus	Department	
				MTA Bus		Police			
Street Address									
City								State	Zip Code
Phone (H) Phone (W)								Email	

Section 3 – Reason For Leave				
Please check only one.				
My own serious health condition renders me unable to perform the functions of my position.				
The birth of, and to care for, my newborn child.				
The placement with me of a child for adoption or foster care, and to care for the child.				
To care for my spouse, child, or parent with a serious health condition.				
Qualified exigency leave for my spouse, child, or parent on active or called to active duty in support of a contingency operations (National Guard or Reserves only).				
To care for my spouse, child, parent, or next of kin of a service member with a serious injury or illness.				
Note: Leave for the birth, adoption, or placement of a child for foster care must be taken in consecutive workweeks.				

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Section 6 – Agency Department Checklist

FMLA Certifications of Healthcare Providers must be sent to your specific agency medical department. Below is a checklist of all of the agency medical department's information and contact numbers. Please check the appropriate box next to your own agency's medical department.

If you submit the form in error to the wrong department, the MTA Business Service Center cannot be held responsible.

Please select only one box next to the appropriate agency.	Agency Name, Address, and Contact Information
	HQ MTA Medical Department Occupational Health Services 420 Lexington Ave, suite 2201 New York, NY 10017 Attn: Nurse Manager
	LI Bus MTA LI Bus Medical Unit 700 Commercial Avenue Garden City, NY 11530
	LIRR HR 93-02 Sutphin Blvd., Jamaica, NY 11435
	MNR Angela Pitaro, Administrator of Health Services MTA Metro-North Railroad Occupational Health Services Department 420 Lexington Avenue, 22nd Floor New York, NY 10017