

Request for Leave of Absence (to be completed by Team Member)

Team Member Name: _____ Date: _____
 Position/Title: _____ Hire Date: _____
 Location: _____ Location #: _____

Type of Leave Request

Please indicate the type of leave you are applying for by checking **ONE** box:

- PREGNANCY DISABILITY LEAVE AND FMLA MEDICAL LEAVE.** Pregnancy Disability Leave combined with FMLA Leave provides the team member with 12 weeks leave for disability due to pregnancy, childbirth, or a related medical condition. (Certain states provide for longer leave periods and team members in such states will be provided leave in accordance with state regulations.) FMLA and PDL run concurrently for a maximum combined **total** of 12 weeks. In order to be eligible for this leave, a team member must have 12 months of service with FedEx Office and have worked at least 1,250 hours in the 12 months preceding their leave.
- NON-FMLA PREGNANCY DISABILITY LEAVE.** A Pregnancy Disability Leave for team members who are ineligible for FMLA leave because they have fewer than 12 months of service with FedEx Office or have worked fewer than 1,250 hours in the 12 months preceding their leave.
- WORKERS' COMPENSATION LEAVE AND FMLA MEDICAL LEAVE.** A Workers' Compensation Leave that will also constitute an FMLA Medical Leave until your available FMLA leave has been exhausted. Thereafter, the leave will constitute a Workers' Compensation Leave only. For use with FMLA eligible team members who are temporarily disabled and unable to work due to a work-related illness or injury.
- NON FMLA WORKERS' COMPENSATION LEAVE.** A Workers' Compensation Leave for team members who are ineligible for FMLA leave because they have fewer than 12 months of service with FedEx Office or have worked fewer than 1,250 hours in the 12 months preceding their leave.
- FMLA MEDICAL LEAVE.** An FMLA Medical Leave because of your own serious health condition. Note: leaves associated with pregnancy disabilities or work-related illnesses or injuries may also constitute FMLA Leave, but will be designated as FMLA Pregnancy Disability or FMLA Workers' Compensation Leave under the appropriate box above. For team members who are temporarily disabled due to their own serious health condition and who have 12 months of service with FedEx Office and have worked at least 1,250 hours in the 12 months preceding their leave.
- NON-FMLA MEDICAL LEAVE.** For use by team members who are temporarily unable to work because of their own health condition and not eligible for FMLA leave. Note: leaves associated with pregnancy disabilities or work-related illnesses or injuries may also constitute Non-FMLA Medical Leave, but will be designated as Non-FMLA Pregnancy Disability Leave or Non-FMLA Workers' Compensation Leave under the appropriate box above.
- FMLA FAMILY CARE LEAVE.** For one of the following reasons listed below. For use by team members who have 12 months of service with FedEx Office and have worked at least 1,250 hours in the 12 months preceding their leave.

<ul style="list-style-type: none"> <input type="checkbox"/> Birth of team member's child(ren) <input type="checkbox"/> Placement of child(ren) with team member for foster care 	<ul style="list-style-type: none"> <input type="checkbox"/> Adoption of child(ren) by team member <input type="checkbox"/> Serious health condition of team member's child(ren), spouse or parent
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- FMLA MILITARY LEAVE.** For one of the following reasons listed below. For use by team members who have 12 months of service with FedEx Office and have worked at least 1,250 hours in the 12 months preceding their leave.
 - Qualifying Exigency Leave – an FMLA leave for team member whose spouse, son, daughter or parent is on active duty or has been notified of an impending call or order to active duty in the Armed Forces in support of a contingency operation.
 - Servicemember Family Leave – an FMLA leave for team members to provide care for a servicemember who is a spouse, son, daughter, parent or next of kin. An eligible team member will be entitled to take a combined total of up to 26 workweeks off in any single 12 month period.

- PERSONAL LEAVE**
- JURY DUTY LEAVE**
- MILITARY LEAVE**
- CA PAID FAMILY LEAVE**

Proposed Timing of Leave and Contact Information

Please indicate the proposed start and end dates for your leave (if known):

Start Date: _____ End Date: _____

If your leave (or extension thereof) involves an intermittent leave of multiple days or partial days off for your own recurring medical treatments or for recurring medical treatments of a child, parent or spouse, specify dates requested:

Please provide the following:

Your Address: _____

Home Phone #: _____ KID #: _____

Name of Health Care Provider: (if seeking medical leave) _____

NOTE: Medical Certification form must be completed before leave is officially approved or disapproved.

Terms of Leave

- (1) If you are applying for leave due to your own serious health condition (including, if applicable, a disability due to pregnancy, childbirth or related medical conditions) or to care for a family member suffering from a serious health condition, then, if you have not already done so, you must furnish a completed *Medical Certification* form from your health care provider or your family member's health care provider. In addition, if you are applying for a qualifying exigency leave or a servicemember family leave, you must also furnish the applicable *Certification* form. You can obtain a copy of the applicable certification forms from your manager, human resources, or FedEx One. FedEx Office's granting of your leave is conditional upon our timely receipt of the appropriate *Certification*. Failure to return a completed certification form within 15 calendar days of when it is provided to you may result in a) a delay in commencement of your leave until the certification is furnished, or b) if your leave has already commenced, cancellation of your leave (which requires you to immediately return to work), and c) possible disciplinary action, up to and potentially including termination of employment.
- (2) If your leave does qualify as FMLA leave, you must contact the FedEx Office Benefits Service Center at 1-866-866-9050 to make arrangements for your share of the premium payments on your health insurance to maintain health benefits while you are on leave. You have a 30-day grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will end.
- (3) While on leave, if the circumstances of your leave change, and you are able to return to work earlier than the date indicated on the *Request for Leave of Absence* form, you will be required to notify us at least two workdays prior to the date you intend to report for work.
- (4) If your leave does qualify as FMLA leave you will have the following rights while on FMLA leave:
 - You have the right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period, calculated as the 12-month period measured forward from the date of your first FMLA leave usage.
 - You have the right under the FMLA for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered servicemember with a serious injury or illness. This single 12-month period commenced on _____ (enter the applicable FMLA start date within the previous 12-month period).
 - Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work, including timely payment of health plan premium payments while on leave.
 - You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment upon your return from FMLA-protected leave. (If your leave extends beyond the end of your FMLA entitlement, you do not have return rights under FMLA). With respect to Non-FMLA leaves, we cannot guarantee your reinstatement to your original or equivalent position, except in certain cases when it is required under applicable law.
 - If you do not return to work following FMLA leave for a reason other than: (1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; (2) the continuation, recurrence, or onset of a covered servicemember's serious injury or illness which would entitle you to FMLA leave; or (3) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.
 - You have the right to take sick leave pay and/or vacation leave pay with your unpaid leave entitlement, provided you meet the eligibility requirements of the applicable paid leave policy. If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid FMLA leave. Please review the *Team Member Handbook* for vacation and sick pay eligibility rules.
 - Vacation leave pay and sick leave pay will continue to accrue during an FMLA approved leave of absence.

Request for Leave of Absence (to be completed by Team Member)

- (5) For full-time team members on Military Leave, FedEx Office will pay the entire cost of your group health insurance for up to 1 year from the start date of your leave. Life and disability insurance will continue for up to 30 days during Military Leave. You will be responsible for continuing to pay for your share of life and disability coverage after the aforementioned 30 day period expires.
- (6) Part-time team members on approved leave will receive notification from FedEx Office's medical vendor regarding payment of premium.
- (7) Team members on an approved leave will continue to have 401(k) contributions and loan payments deducted from any paychecks received from FedEx Office while on leave. If a team member has a 401(k) loan and is not receiving paychecks from FedEx Office while on leave, they should contact Vanguard to determine repayment of that loan at 1-800 523-1188, plan number 093285.
- (8) Team members on approved leave are not eligible for holiday pay. Team members in California are eligible to use their Personal Day/Floating Holiday during approved leave.
- (9) Team members on approved leave are not eligible for bereavement pay.
- (10) If you are taking a Workers' Compensation leave, then your leave will also constitute an FMLA Medical Leave, or if you are not eligible for an FMLA Leave, a Non-FMLA Medical Leave, and will count against your leave entitlements under those policies. Any request for a Workers' Compensation Leave is subject to verification that the illness or injury is covered under any and all workers' compensation requirements, including that it was incurred in the course and scope of your employment.
- (11) If you are taking a medical leave due to your own serious health condition (which may include disabilities due to pregnancy, childbirth and related medical conditions), then, as a precondition to being considered for reinstatement, you will be required to present a return to work note from your health care provider verifying your eligibility to return to work and perform the essential functions of your job. If you are unable to return to full duties, a detailed description of the limitations and/or accommodations must be provided. In accordance with all applicable laws, a reasonable accommodation may be extended to you, assuming such work is available. All work releases must be provided to your supervisor before you will be allowed to return to work. If this work release is not received, then your return to work may be delayed until the work release is provided.
- (12) If you are taking a medical leave due to pregnancy, childbirth or related medical conditions, and if after recovering from your pregnancy related disability you desire to apply for a family leave in order to spend time with your newborn, you should notify us of your desire to take such a family leave and submit a new leave application before your current medical leave expires. We will then determine if you are eligible for such a family leave and notify you of the terms of such leave. If we do not receive such a request for a separate family leave, then we will expect you to return to work at the end of your current medical leave as indicated on your *Leave of Absence Request* form.
- (13) FedEx Office complies with all federal and state leave laws in regard to granting leaves of absence to team members. If applicable state law provides for greater benefits than the federal leave law, then team members will be granted a leave of absence under the state law.

I request approval of a leave of absence as indicated above. I have read the foregoing "Terms of Leave" and have also previously received and am familiar with the FedEx Office Leave of Absence policies as described in the *Team Member Handbook*.

Team Member Signature: _____ Date: _____