

Massachusetts Bay Transportation Authority

Mitt Romney
Governor

Kerry Healey
Lt. Governor

John Cogliano
Secretary and MBTA Chairman

Daniel A. Grabauskas
General Manager

Revised 02/01/06

Request For Leave Under The Family and Medical Leave Act of 1993 (FMLA)

EMPLOYEE'S

SERIOUS HEALTH CONDITION

FMLA – Page 1 to be completed by employee

Name _____ Employee # _____

Address _____
NUMBER STREET CITY STATE ZIP

Home Phone: _____

Job Title _____ Date of Hire _____

Department _____ Area # _____

Please check the qualifying reason for your FMLA request:

- Employee's serious health condition (including prenatal conditions):
- *Maternity/Childbirth - Estimated Date of Delivery _____
- *Adoption/Foster Care - Estimated Date of Event _____

*If I am applying for coverage for childbirth, adoption or foster care placement, I also am applying for any benefits I may be entitled to under the Massachusetts Maternity Leave (MML). If eligible for leave under FMLA, and/or the MML, I understand that the Authority shall apply any leave entitlement concurrently, unless otherwise designated by the Authority.

By signing this form I am authorizing the release of medical information related to my FMLA request to the Massachusetts Bay Transportation Authority.

Employee's Signature: _____ Date: _____



This is to certify that _____ is under my care.
NAME OF YOURPATIENT

1. Please provide a description of his/her condition. (See page 4 – Definitions for FMLA qualifying factors.)

2. Please discuss the necessity for him/her to be absent from work including a description of any prescribed treatment (e.g.: prescriptive medications, PT requiring special equipment, dialysis, chemotherapy): _____

There are three (3) types of FMLA Leave: Continuous, Irregular/Intermittent and Reduced. Please read definitions on page 4 and indicate which type your patient will need:

Continuous

If your patient requires a **Continuous Leave** (see definition on page 4), please provide the expected duration of the incapacity, including his/her first day of absence and a date when you anticipate he/she will be able to return to work. (If the leave is necessary due to childbirth, please provide the estimated date of delivery if childbirth has not occurred at the time when this application is completed.)

- **Date of incapacity:** _____
- **Maternity Leave/Estimated Date of Delivery:** _____
- **Expected Return to Work Date:** _____

Irregular/Intermittent

If your patient requires **Irregular/Intermittent** absences (see definition on page 4), due to the health condition or its treatment, please provide the following information:

An **estimate length of time** your patient will require intermittent leave coverage; (**NOTE:** if medical condition is “lifelong”, FMLA coverage will need to be renewed every 12 months;)

Begin Date: _____ End Date: _____

1 to 7 days	8 to 16 days	17 to 29 days	30 to 44 days
45 to 60 days	61 to 90 days	91 to 180 days	

An **estimate of the “frequency” of absences.** If generally unpredictable, please estimate based on his/her previous history of incapacity. Please check the appropriate time frame:

Once per month Twice per month Three times per month

More than three times per month; please estimate occurrences _____

Additional clarifying information: _____

An **estimate of the “duration”** of the average absence. Please check the appropriate time frame:

1 to 3 hours 4 to 7 hours One day Two Days Three Days

Over three days but less than seven Other (please explain) _____

Additional clarifying information: _____



Reduced

If your patient requires a **Reduced Leave** schedule (see definition on page 4), please define the schedule, including the specific length of time he/she will require for this accommodation.

1 to 2 hours per occurrence

2 to 4 hours per occurrence

Reduce work hours per day _____ hours per day for _____ weeks

Describe the prescribed treatment (physical therapy requiring special equipment, dialysis, chemotherapy). _____

Is your patient able to perform the essential functions of his/her position at the Authority?

Yes No

Will he/she need to apply for a reasonable workplace accommodation through the Authority's Americans with Disabilities Act Policy?

Yes No

(NOTE: due to the various collective bargaining agreements, the Authority is not able to grant job classification changes as a reasonable accommodation.)

X

Signature of Medical Practitioner completing this form

Date

Name of Medical Practitioner (Please Print Clearly)

Title

Type of Practice

Telephone Number

Address

City

State

Zip Code

***AN INCOMPLETE FORM, ILLEGIBLE FORM, OR ANSWERS THAT ARE PROVIDED BY SOMEONE OTHER THAN A MEDICAL PRACTITIONER DIRECTLY INVOLVED WITH THE PATIENT'S CARE WILL RESULT IN THE DELAY OR DENIAL OF THE LEAVE REQUEST.**

**When this form is completed by Attending Medical Practitioner, it should be submitted to:
MBTA FMLA Unit
10 Park Plaza, 4th Floor, Rm 4810, Boston, MA 02116
Phone (617) 222-5751 Fax (617) 222-3353**



1. CONTINUOUS LEAVE: a leave of absence for which the employee is unable to work for an uninterrupted period of time (up to 12 weeks), e.g., surgery and recovery, terminal stages of an illness, recovery from an injury, or for childbirth, adoption or foster care placement. If not childbirth, adoption or foster care placement, continuous leave must include one or more of the following criteria to be considered a serious health condition under FMLA regulations:

- (a) Inpatient care (i.e., an overnight stay) in a hospital, hospice or residential medical care facility, including any period of incapacity¹ or subsequent treatment in connection with, or consequent to such inpatient care.
- (b) A period of incapacity of **more than three (3) consecutive calendar days** (including any subsequent treatment or period of incapacity relating to the same condition), involving:
 - Treatment² **two or more times** by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a health care provider; or,
 - Treatment by a health care provider on at least one occasion which results in a **regimen of continuing treatment**³ under the supervision of the health care provider.
- (c) A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee must be under the continuing supervision of, but need not receiving active treatment by, a health care provider. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.

2. INTERMITTENT LEAVE: a medically necessary leave taken in separate/episodic periods of time due to a single illness or injury, rather than for one continuous period of time, and may include leave of periods from one hour, or more to several weeks. Examples of intermittent leave would include leave taken on an occasional basis for medical appointments, a period of incapacity due to pregnancy, or for prenatal care, or leave taken several days at a time spread over a period of six months, such as for chronic conditions. In order to be considered a serious health condition under FMLA regulations, a chronic health condition must meet all of the following criteria:

- (a) Requires **periodic visits** for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider;
- (b) Continues over an **extended period** (including recurring episodes of a single underlying condition)
- (c) **Requires multiple treatments** (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for **restorative surgery** after an accident or other injury, or for a condition that **would likely result in a period of incapacity of more than three (3) consecutive calendar days in the absence of medical intervention or treatment**, such as cancer (chemotherapy, radiation, etc.) or kidney disease (dialysis).

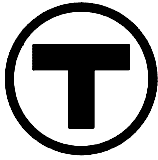
3. REDUCED LEAVE SCHEDULE : a medically necessary leave schedule that reduces the usual number of hours per workweek, or hours per workday, of an employee who has a chronic, or permanent long term condition. In order for an illness or injury to qualify under FMLA regulations the criteria must include the following:

- (a) **Multiple treatments** (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for **restorative surgery** after an accident or other injury, or for a condition that **would likely result in a period of incapacity of more than three (3) consecutive calendar days in the absence of medical intervention or treatment**, such as cancer (chemotherapy, radiation, etc.) or kidney disease (dialysis).

¹“**Incapacity**”, for the purpose of FMLA, is defined as the inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefore, or recovery therefrom.

²**Treatment** includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical examinations, eye examinations or dental examinations.

³ A **regimen of continuing treatment** includes, for example, a course of prescription medication (e.g., an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition. A regimen of treatment does not include the taking of over-the-counter medications such as aspirin, antihistamines, or salves; or bed-rest, drinking fluids, exercise, and other similar activities that can be initiated without a visit to a health care provider.



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Your Rights Under The Family and Medical Leave Act of 1993

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to "eligible" employees for certain family and medical reasons. Employees are eligible if they

have worked for a covered employer for at least one year, and for 1,250 hours over the previous twelve (12) months.

Reasons For Taking Leave:

Unpaid leave must be granted for any of the following reasons:

- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

At the employee's or employer's option, certain kinds of paid leave may be substituted for unpaid leave.

Advance Notice and Medical Certification:

The employee may be required to provide advance leave notice and medical certification. Taking of leave may be denied if requirements are not met.

- The employee ordinarily must provide 30 days advance notice when the leave is "foreseeable."
- The employer may require medical certification to support a request for leave because of a serious health condition, and may require second or third opinions (at the employer's expense) and a fitness for duty report to return to work.

Job Benefits and Protection:

- For the duration of FMLA leave, the employer must maintain the employee's health coverage under any "group health plan."

- Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.
- The use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Unlawful Acts By Employers:

FMLA makes it unlawful for the employer to:

- interfere with, restrain, or deny the exercise of any right provided under FMLA;
- discharge or discriminate against any person for opposing any practice made unlawful by FMLA, or for involvement in any proceeding under or relating to FMLA.

Enforcement:

- The U.S. Department of Labor is authorized to investigate and resolve complaints of violations.
- An eligible employee may bring a civil action against an employer for violations.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement, which provides greater family or medical leave rights.

For Additional Information:

Contact the nearest office of the Wage and Hour Division listed in most telephone directories under U.S. Government, Department of Labor.