

The City of New York
Department of Citywide Administrative Services

Request for Leave under the Family and Medical Leave Act

Employee's Name

Employee's Title

Name of Agency

Employee's Salary

Work Location

I am requesting leave for (Check one):

1. ___ Child care due to (Check one):
a. ___ Birth of child
b. ___ Placement of child for adoption
c. ___ Placement of child for foster care

Note: Child care leave taken under the Family and Medical Leave Act must be concluded 12 months after the birth or placement of the child. Taking child care leave under the Family and Medical Leave Act does not diminish an employee's right to child care leave under the Citywide Agreement between the City of New York and District Council 37, the "Leave Regulations for Employees Who are Under the Career and Salary Plan," and the "Leave Regulations for Management Employees."

2. ___ Care of seriously ill (check one):
a. ___ spouse
b. ___ parent
c. ___ child

___ Check here if intermittent leave or a reduced leave schedule is being requested.

3. ___ Employee's own serious health condition that makes the employee unable to perform the employee's job functions.

___ Check here if intermittent leave or a reduced leave schedule is being requested.

Note: All requests for leave under the Family and Medical Leave Act require appropriate documentation (see the applicable certification forms).

Date of commencement of leave _____

Probable date of return to work _____

Note: Employees who have worked for the City of New York for at least 12 months, and who have worked 1250 hours in the last 12 months, are entitled to a total of 12 weeks of Family and Medical Leave per year.

Employee's Signature

Date

FACTS YOU SHOULD KNOW

1. Employees are required to exhaust the appropriate paid leave before taking unpaid leave. Both paid leave and unpaid leave will be counted against their annual FMLA leave entitlements.
2. Employees must provide acceptable certification by a physician or other health care provider of their own serious health condition or the serious health condition of a covered family member within 15 calendar days of this request for leave, where practicable. Leave may be denied if such documentation is not provided. Certification of fitness to return to work may be required. Employees requesting intermittent leave or leave on a reduced leave schedule which is medically necessary must advise the agency, upon request, of the reasons the intermittent/reduced leave schedule is necessary and of the schedule for treatment, if applicable. The employee and the agency must attempt to work out a schedule which meets the employee's needs without unduly disrupting the operations of the agency.
3. Employees requesting child care leave must provide proof of the fact and date of birth, placement for adoption, or placement for foster care of the child within 15 calendar days of this request for leave, where practicable. Leave may be denied if such documentation is not provided.
4. Employees are entitled to restoration to the same or an equivalent position upon return from FMLA leave, except as set forth in number 5 below.
5. Employees who are designated as "key" employees may be denied restoration following FMLA leave if restoration would cause grievous economic injury to the operations of the agency. "Key" employees will be notified that they have been so designated within 5 business days of receipt of this form.
6. Employees' group health insurance coverage will be maintained for the duration of approved FMLA leave; however, employees must pay the premiums for any optional riders. Health plan premiums paid by the City during the period of unpaid leave may be recovered if the employee fails to return to work.

FOR AGENCY USE ONLY	
_____ Approved	_____ "Key" Employee
_____ Denied	_____ Not "Key" Employee
_____ Signature of Agency FMLA Coordinator	_____ Date