

For Leave Request

Please also provide a memo stating the dates of your leave and the following information:

- name
- your last day in the office
- employee reference number
- the address and phone number for where you will be staying during the leave
- location address and phone number
- supervisor name and phone number...

-Please be advised that you must inform your supervisor of your leave request.

- If you qualify, you must send in the completed FMLA package filled out by your practitioner and returned to our office as soon as possible to the address below.

-If you would like your remaining checks mailed to you (when direct deposit ceases) please state so in your memo....

Send memo and FMLA packet to
NYC Administration for Children's Services
ATTN Employee Relations
150 William Street, 16th Floor
New York, New York 10038

tel. 212-341-2553
FAX 212-513-1488 & 212-341-2574

Administration for Children's Services City of New York

Request For Medical Leave Under The Family And Medical Leave Act

Employee's Name	Employee's Reference # / ID
Division	Employee's Title
Work Location	Telephone Number (Home) (Work)

I am requesting leave for (check one):

1. Care of seriously ill (check one):
- Spouse/Domestic Partner (as defined in the New York City Administrative Code Section I-112(21))
 - Parent
 - Child
- Check here if intermittent leave or a reduced leave schedule is being requested.

Anticipated Schedule: _____

2. 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.

Anticipated Schedule: _____

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

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. The completed "Certification of Physician or Other Health Care Provider" form must be submitted to the Personnel Division, 150 William Street, 16th Floor. 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.
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

EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- 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.

Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any 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

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

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.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.



For additional information:
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627
WWW.WAGEHOUR.DOL.GOV



Administration for Children's Services

Certification Of Physician Or Other Health Care Provider Under the Family and Medical Leave Act

To be completed by a Health Care Provider only. (Please print or type)

1. Employee's Name	2. Patient's Name (if other than employee)
	3. Relationship to Employee

4. The attached sheet describes what is meant by a "serious health condition" under the Family and Medical Leave Act. Does the patient's condition¹ qualify under any of the categories described? If so, please check the applicable category.

(1) (2) (3) (4) (5) (6) None of the above

5. Describe the **medical facts** which support your certification, including a brief statement as to how the medical facts meet the criteria of one of these categories.

6. a. State the approximate **date** the condition commenced, and the probable **duration** of the condition (and also the probable duration of the patient's present **incapacity**² if different).
- b. Will it be necessary for the employee to work only **intermittently** or to work on a **less than full schedule** as a result of the condition (including for treatment described in item 6 below)? Yes No
If yes, give the probable duration.
- c. If the condition is a **chronic condition** (condition #4) or **pregnancy**, state whether the patient is presently incapacitated² and the likely duration and frequency of **episodes of incapacity**².

¹ Here and elsewhere on this form the information sought relates only to the condition for which the employee is taking FMLA leave.

² "Incapacity" for purposes of FMLA is defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefor, or recovery therefrom.



- 7. a. If additional **treatments** will be required for the condition, provide an estimate of the probable number of such treatments.

If the patient will be absent from work or other daily activities because of **treatment** on an **Intermittent** or **part-time** basis, also provide an estimate of the probable number of treatments and the intervals between such treatments, actual or estimated dates of treatment, if known, and period required for recovery, if any.

- b. If any of these treatments will be provided by another provider of health services (e.g., physical therapist), please state the nature of the treatments.
- c. If a **regimen of continuing treatment** by the patient is required under your supervision, provide a general description of such regimen (e.g., prescription drugs, physical therapy requiring special equipment).

- 8. a. If medical leave is required for the employee's **absence from work** because of the **employee's own condition** (including absences due to pregnancy or a chronic condition), is the employee **unable to perform work** of any kind? Yes No

- b. If able to perform some work, is the employee **unable to perform any one or more of the essential functions of the employee's job** (the employee or employer should supply you with information about the essential job functions)? Yes No
If yes, please list the essential functions the employee is unable to perform:

- c. If neither "a" nor "b" applies, is it necessary for the employee to be **absent from work for treatment**? Yes No

- 9. a. If leave is required to **care for a family member** of the employee with a serious health condition, does the **patient require assistance** for basic medical or personal needs or safety, or for transportation? Yes No

- b. If no, would the employee's presence to provide **psychological comfort** be beneficial to the patient or assist in the patient's recovery? Yes No

c. If the patient will need care only **Intermittently** or on a part-time basis, please describe the kind of care and indicate the probable **duration** of this need.

I hereby certify that the above information is correct:

Signature of Health Care Provider

License Number

Please Print Your First and Last Name

Type of Practice

Address

Telephone Number

Date

Physician Stamp

MUST be completed by the employee needing family leave to care for a family member:

State the care you will provide and an estimate of the period during which care will be provided, including a schedule if leave is to be taken intermittently or if it will be necessary for you to work less than a full schedule.

Employee Signature

Date



A "Serious Health Condition" means an illness, injury, impairment, or physical or mental condition that involves one of the following:

1. Hospital Care

Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity² or subsequent treatment in connection with or consequent to such inpatient care.

2. Absence Plus Treatment

A period of incapacity of more than three consecutive calendar days (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:

- a. Treatment³ 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
- b. Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment⁴ under the supervision of the health care provider.

3. Pregnancy

Any period of incapacity due to pregnancy, or for prenatal care.

4. Chronic Conditions Requiring Treatments

A chronic condition which:

- 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 of time (including recurring episodes of underlying condition); and
- c. May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.).

5. Permanent/Long-term Conditions Requiring Supervision

A period of incapacity which is permanent or long-term, due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.

6. Multiple Treatments (Non-Chronic Conditions)

Any period of absence to receive 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 consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), kidney disease (dialysis).

³ 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.

⁴ 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 taking 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.