

Return to: Employee Service Center/WHQMW

Fax number: 1-847-700-3084

Case #: _____

Date FMLA Leave requested: _____

Birth of Child and Care of Child after Birth Certification Form (Family Medical Leave Act of 1993)

Please note: FMLA Leave for care of a child after birth can only be taken prior to the child's first birthday. Please speak with your supervisor if you wish to take leave to care for a child older than one year of age or if the child's condition is not related to childbirth.

Instructions for the employee: Employees requesting FMLA Leave for Care of Child are to complete only Section A and B. Employees requesting FMLA Leave for Care of Child and Birth of Child, complete Sections A and B and sign and date in Section D. Then, have your health care provider complete Section C and return it within 15 calendar days from the date of FMLA request directly to the FMLA Administrator. Do not return this to your Supervisor/Manager. If you fail to provide the completed certification form within the allotted time, leave may be denied or the start of your leave may be delayed and any absences prior to your submission of the completed form will not be counted as FMLA Leave and will be counted against your dependability record.

Section A Employee information – To be completed by employee

Employee name: _____ Employee ID: _____ Shift: _____

Home phone: _____ Home mailing address: _____

Job title: _____ Work location: _____ Work phone: _____

Supervisor name: _____ Supervisor phone: _____

Section B Care of child after birth – To be completed by employee

FMLA – Care of Child (Employees who work in states other than California)

Because you have recently given birth or recently became a father to a child, you would like to take time to care for your child, and have requested a leave under the provisions of the Family and Medical Leave Act of 1993. You are entitled to a total of 12 weeks of FMLA Leave during a rolling 12-month period for an FMLA qualifying reason or any combination of qualifying reasons. FMLA Leave taken to care for a child cannot be taken intermittently or on a reduced schedule basis. In addition, this leave must be taken as a continuous block of time and can only be taken within 12 months of the date of birth.

Anticipated date of birth: ____/____/____
(mm/dd/yyyy)

Requesting FMLA Leave for care of a child after birth: Start date: ____/____/____ End date: ____/____/____
(mm/dd/yyyy) (mm/dd/yyyy)

FMLA/CFRA – Care of Child (Employees who work in California)

Because you have recently given birth or recently became a father to a child, you would like to take time to care for your child, and have requested a leave under the provisions of the Family and Medical Leave Act of 1993 and the California Family Rights Act (CFRA) apply to you for the birth of your child. You are entitled to a total of 12 weeks of FMLA/CFRA Leave during a rolling 12-month period for qualifying reason or any combination of qualifying reasons. FMLA and CFRA Leave run concurrently and must be taken within 12 months of the birth of the child. CFRA Leave to care for a child may be taken in a continuous block or intermittently in increments of two weeks or more (except that intermittent leave may be taken in increments of less than two weeks on two occasions).

Anticipated date of birth: ____/____/____
(mm/dd/yyyy)

Requesting FMLA Leave for care of a child after birth: Start date: ____/____/____ End date: ____/____/____
(mm/dd/yyyy) (mm/dd/yyyy)

Care of child after birth - To be completed by employee (Continued from previous page)

Please be aware that there are other individual state family leave statutes as they relate to the Federal Family and Medical Leave Act.

Father Care of Child documentation

In addition, once the child is born, you must submit legal documentation (i.e., the birth certificate) evidencing the date of birth and your status as the child's father. This completed form must be returned within 15 calendar days from the date of this letter to the FMLA Administrator. If you fail to provide the completed certification form within the allotted time, the start of your leave may be delayed and/or any absences prior to your submission of this completed form and the legal documentation will be reflected as Unauthorized No Pay (UNP), will not be counted as FMLA Leave and will be counted against your dependability record.

For ESC use only - ESC will verify the need to use vacation time collective bargaining agreement or company policy

- Vacation use not required for IAM (Ramp & Stores, Food Service, Security) and AMFA Employees
- Vacation use required for Salaried, Management, IAM Public Contact Employees and other Union Groups.

Section C Serious health condition certification – To be completed by health care provider

Instructions for the health care provider: Please give a written response to each section of this certification form. Failure to complete each section may delay the employee's leave.

State approximate date pregnancy began: ____/____/____ State approximate due date: ____/____/____
(mm/dd/yyyy) (mm/dd/yyyy)

State the anticipated duration of incapacity resulting from giving birth:
 Start date: ____/____/____ End date: ____/____/____
(mm/dd/yyyy) (mm/dd/yyyy)

Section D Certifying signatures (no signature stamps please)

Signature of health care provider/title <small>(This signature certifies that this form was completed by the health care provider)</small>	Date
Print or type name of health care provider	Type of practice
Address	Telephone number Fax number
Health care provider's office hours: <small>(To be completed by health care provider)</small>	Appointment hours:

Employee signature <small>(This signature certifies that this form was completed by the health care provider)</small>	Date
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