



FMLA Request for Care & Bonding

Section 1: Employee Information

Name:	Employee Number:	I am the <input type="checkbox"/> Father <input type="checkbox"/> Mother
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Section 2: Reason for Leave

1. Birth of my child, born or expected on _____ (leave must end within 12 months of the birth).
 2. Placement of a child for adoption by me _____ (leave must end within 12 months of placement).
 3. Placement of a foster child in my home on _____ (leave must end within 12 months of the placement).

Section 3: Payroll/Timekeeping

I plan to take Care & Bonding leave as:

FMLA No-Pay
 FMLA Vacation
 Personal Time
 Combination of the above- List specific dates for each _____

*Birth Mothers only: Care & Bonding leave begins after you are released by your doctor to return to work.
Fathers: Care & Bonding leave begins on the day of birth of your child, or placement of adopted or foster child.*

Section 4: Type of Leave

 Intermittent Leave requires this form to be submitted after each approval.

Intermittent Leave (a few days here & there)* - **15 Day Advance Notice & Supervisor Approval Required**
 Reduced Leave Schedule (such as half days)* - **15 Day Advance Notice & Supervisor Approval Required**
 Continuous Leave (less than 1 month in length)* - **30 Day Advance Notice & Supervisor Approval Required**
 Continuous Leave (more than 1 month in length)* - **30 Day Advance Notice & Supervisor Approval Required**

Expected Leave Begin Date	Expected Return Date
* Indicate requested schedule	
Supervisor Approval X	Date

Section 5: Signature

I understand and agree to the conditions and provisions of the Family/Medical Leave as set forth on this form and my employer's Family and Medical Leave policy. I also understand and agree that the Company has the right to interpret, revise, and/or revoke any or all provisions of their Family and Medical Leave policy to the extent of any rights beyond those required by law.

Employee Signature & Personal Email Address X	Date
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Please submit form to:
fmla@pointchealth.com.

For questions, call Point C at 856-470-1161.

FMLA Request for Care & Bonding

Congratulations on the upcoming addition to your family.

Below is a collection of information to help you as you welcome your new baby.

Benefits

Family and Medical Leave (FMLA) – Job Protection

Employees that have been with the company for at least 12 months and have worked at least 1,000 hours in the last 12 months are eligible for up to 12 weeks of family and medical leave for the birth or placement of a child. Completed Employee Health Forms will provide documentation for a mother's leave for birth and recovery. The Request for Care & Bonding form on the reverse side of this page provides the needed documentation for both mothers and fathers to apply for care and bonding leave. Once approved, this leave ensures that an employee cannot be disciplined for covered absences.

Please note that New Jersey has paid benefits available. Visit <https://nj.gov/labor/myleavebenefits/>

Birth Mother's Checklist

- When a due date has been determined, contact Point C 856-470-1161 to request FMLA coverage.
- When it becomes medically necessary to miss work for more than 3 days, complete the employee portion of the Employee Health Form WH380E and have your licensed health care provider complete the remainder of the form. If this absence includes the birth of your baby, request your health care provider to include your post-partum appointment date as the "Date of Next Visit." Also ensure that you follow your employer procedures for reporting absences. **Note – Failure to submit the WH380E in a timely manner may result in interruption of Family and Medical leave benefits.**
- If you will be taking additional leave for Care & Bonding following release by your doctor, complete and submit the Request for Care & Bonding form on the reverse of this page.
- If you will be adding your baby to your health insurance contact your Benefits Department no more than 30 days after your baby's birth to request this addition.

Father's and Adoptive Parents Checklist

- When a due date or adoption placement date has been determined, complete and submit the Request for Care & Bonding form on the reverse of this page. Contact Point C at 856-470-1161 when the baby is born or placed to confirm your first day of leave.
- Ensure that you follow your employer reporting procedures for reporting absences when you begin your leave.
- If you will be adding your baby to your health insurance contact your Benefit Department no more than 30 days after your baby's birth to request this addition.

For questions, call Point C at 856-470-1161. *Incomplete Forms will result in delayed approval.