

Family and Medical Leave Act Request Form



HR-BEN-028

Section 1 - Information and Instructions

The purpose of this form is to request a leave of absence under the Family and Medical Leave Act (FMLA) including absences related to a COVID-19 school or childcare facility closure.

DO NOT COMPLETE THIS FORM IF YOU HAVE APPLIED ONLINE

TO APPLY ONLINE:

- 1) Sign on to My MTA Portal – www.mymta.info
- 2) Click the My Benefits Ribbon
- 3) Click the FMLA Request Link
- 4) Be sure to click the icons next to the link to access essential information.

TO USE THIS FORM:

If you are unable to apply online, complete this form and submit as follows, 30 days prior to the start of your leave or as soon as possible:

- NYCT/MTA Bus employees: Mail, email, or fax this form to your Agency FMLA Coordinator. Email questions to FMLASupport@nyct.com (DO NOT send the form to this mailbox).
- All other MTA Agency employees: Mail, email, or fax to your Agency Human Resources Department or FMLA Coordinator.
- MTAHQ and BSC employees: Email or fax to the BSC at fax# 212-852-8700 or bscservice@mtabsc.org

DOCUMENTATION REQUIRED FOR ONLINE AND PAPER FORM REQUESTS FOR A MEDICAL CONDITION or the COVID-19 CHILDCARE Request Form.

If your request for FMLA is for you or a family member with a serious health condition, a medical certification is required. Visit My MTA Portal, www.mymta.info to download the applicable FMLA application and medical certification:

- a) HR-BEN-069 FMLA Certification of Health Care Provider Employee's Serious Health Condition
- b) HR-BEN-070 FMLA Certification of Health Care Provider Family Member's Serious Health Condition
- c) HR-BEN-071 FMLA Certification of Qualifying Exigency for Military Family Leave
- d) HR-BEN-072 FMLA Certification for Serious Injury or Illness of Covered Service Member
- e) HR-BEN-929 COVID-19 Childcare Documentation Form

EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT:

The FMLA provides eligible employees with up to 12 weeks of unpaid leave for the following reasons: (1) incapacity due to pregnancy, prenatal medical care or childbirth; (2) to care for a child after birth, or placement for adoption or foster care; (3) to care for a spouse, child, or parent who has a serious health condition; (4) for the employee's own serious health condition that makes them unable to perform their job; and (5) to address certain qualifying exigencies if a spouse, child or parent is on active duty or called to active duty in a foreign country 6) School or Childcare closure related to COVID-19. The FMLA also provides up to 26 weeks of leave to care for a covered service member who has a serious illness or injury under certain circumstances.

The complete [Employee Rights](#) document can be downloaded from My MTA Portal, www.mymta.info or obtained from your manager or the MTA Business Service Center at 646-376-0123.

If you have any questions about FMLA leave, please contact your agency Human Resources Department.

Section 2 - Employee Information

Print Name	Last	First	M.I.	Suffix	BSC ID	Pass # (NYCT/MTA Bus)
Agency/ Dept (check one)	<input type="checkbox"/> BSC	<input type="checkbox"/> B&T	<input type="checkbox"/> C&D	<input type="checkbox"/> HQ	<input type="checkbox"/> Police	Department
	<input type="checkbox"/> SIR	<input type="checkbox"/> LIRR	<input type="checkbox"/> MNR	<input type="checkbox"/> MTA Bus	<input type="checkbox"/> NYCT	Job Title
					<input type="checkbox"/> MaBSTOA	Reg Work Sched
Street Address						
City				State	Zip Code	
Phone (H)		Phone (W)			Email	

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Section 3 – Reason for Leave	
Please Check only one:	
My own serious health condition or pregnancy renders me unable to perform the functions of my position.	
The birth and/or care of a child within 12 months of date of birth. (Provide verification of Date of Birth)	
The placement with me of a child for adoption or foster care, or to care for a child	
To care for my <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> parent with a serious health condition. (Birthdate of Care Recipient:	
Qualified exigency leave for my <input type="checkbox"/> spouse, <input type="checkbox"/> child, or <input type="checkbox"/> parent on active duty or called to active duty in a foreign county	
To provide care for my child/dependent because of a COVID-19 School or Childcare Facility Closure	
To care for my <input type="checkbox"/> spouse, <input type="checkbox"/> child, <input type="checkbox"/> parent, or <input type="checkbox"/> next of kin who is a covered service member with a serious injury or illness, or <input type="checkbox"/> for my pregnant spouse.	

Section 4 – COVID-19 Childcare Reason	
You must also complete the HR-BEN-929 form to claim this benefit	
Child's Name & Date of Birth	Relation to Employee
Name and address of School/Childcare Institution	Date of COVID-19 Closure

Section 5 – Request for Leave	
Leave Start Date	Leave End Date

Section 6 – Type of Leave Requested
<p>a) State the type of leave you are requesting: <input type="checkbox"/> Intermittent <input type="checkbox"/> Reduced Schedule <input type="checkbox"/> Continuous</p> <p>(Intermittent Leave is separate blocks of time due to a single qualifying reason. A reduced schedule leave is a leave schedule that reduces your usual number of working hours per workweek or hours per work day, and a continuous leave is taken in consecutive blocks of time.)</p>
<p>b) If Intermittent or reduced schedule leave, state the schedule you are requesting:</p>

Section 7 - Authorization	
I do hereby certify that to the best of my knowledge the above information is true and correct.	
I understand that fraudulently requesting, obtaining and/ or misusing this leave will be cause for disciplinary action, up to and including dismissal from employment.	
Employee Signature	Date

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Section 8 – Agency Contact

This Medical Certification form must be sent to your specific Agency representative. Below is a list of all the Agency contacts. Please check the appropriate box next to your own Agency’s contact.**

****For COVID-19 Childcare requests submit this form and HR-BEN-929 Childcare documentation form according to the instructions in Section 1. DO NOT submit to the contacts below.**

Check the box for your agency.	Agency Name, Address, and Contact Information <i>Note: Bridges and Tunnels employees should contact their agency Human Resources Department</i>
<input type="checkbox"/>	<p><u>MTA-HQ</u> Occupational Health Services 420 Lexington Avenue, Suite 2201 New York, NY 10170 Attn: Nurse Manager Email: FMLA@MTAHQ.ORG Fax: 212-878-0266</p>
<input type="checkbox"/>	<p><u>MTA-Bridges and Tunnels</u> Robert Moses Building Randall’s Island New York, NY 10035-5199 Fax: 646-252-7911</p>
<input type="checkbox"/>	<p><u>MTA - Long Island Rail Road</u> Human Resources Department 93-02 Sutphin Boulevard Jamaica, NY 11435 Attention: FMLA Administrator Fax: 718-558-6824 Email: FMLA@LIRR.ORG</p>
<input type="checkbox"/>	<p><u>MTA – Metro-North Railroad</u> FMLA Administrator Human Resources Department 420 Lexington Avenue, 12th Floor New York, NY 10170 Attention: FMLA Administrator Phone: 212-340-2112 Fax: 212-340-2045 Email: MNRFMLA@MNR.ORG</p>
<input type="checkbox"/>	<p><u>MTA - NYCT / MaBSTOA / SIRTOA / MTABUS</u> Occupational Health Services 180 Livingston Street, Room 4023 Brooklyn, NY 11201 Attention: Office of the Medical Director</p>