

# 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).

**DO NOT COMPLETE THIS FORM IF YOU HAVE APPLIED ONLINE**

**TO APPLY ONLINE:**

- 1) Sign on to My MTA Portal – [www.mymta.info](http://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 at least 30 days prior to the start of your leave or as soon as possible

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

**ADDITIONAL DOCUMENTATION IS REQUIRED IF REQUESTING FMLA DUE TO A MEDICAL CONDITION**

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](http://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

**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
- 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) 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](http://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 only one)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Department			
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Job Title			
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Reg. Work Schedule			
Street Address															
City								State				Zip Code			
Phone (H)						Phone (W)						Email			

**Business Service Center**

Last Revised: 02/21/2024

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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 child's 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  spouse  child  parent with a serious health condition (Provide date of birth of care recipient):

Qualified exigency leave for my  spouse  child  parent on active duty or called to active duty in a foreign county

To care for my  spouse  child  parent  next of kin who is a covered service member with a serious injury or illness

for my pregnant spouse

## Section 4 - Request for Leave

Leave Start Date

Leave End Date

## Section 5 - Type of Leave Requested

a) State the type of leave you are requesting:  Intermittent  Reduced Schedule  Continuous

(Intermittent leave is separate blocks of time due to a *single* qualifying reason. Reduced schedule leave is a leave schedule that reduces your usual number of working hours per workweek or hours per workday. Continuous leave is taken in consecutive blocks of time.)

b) If intermittent or reduced schedule leave is being requested, state the **specific** schedule you are requesting:

## Section 6 - 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><b><u>MTA-HQ</u></b> Occupational Health Services 420 Lexington Avenue, Suite 2201 New York, NY 10170 Attn: Nurse Manager Email: <a href="mailto:FMLA@MTAHQ.ORG">FMLA@MTAHQ.ORG</a> Fax: 212-656-1368</p>
<input type="checkbox"/>	<p><b><u>MTA-Bridges and Tunnels</u></b> Robert Moses Building Randall’s Island New York, NY 10035-5199 Fax: 646-252-7911</p>
<input type="checkbox"/>	<p><b><u>MTA - Long Island Rail Road</u></b> Human Resources Department 93-02 Sutphin Boulevard Jamaica, NY 11435 Attention: FMLA Administrator Fax: 718-558-6824 Email: <a href="mailto:FMLA@LIRR.ORG">FMLA@LIRR.ORG</a></p>
<input type="checkbox"/>	<p><b><u>MTA – Metro-North Railroad</u></b>  FMLA Administrator Human Resources Department 420 Lexington Avenue, 12<sup>th</sup> Floor New York, NY 10170 Attention: FMLA Administrator Phone: 212-340-2112 Fax: 212-340-2045 Email: <a href="mailto:MNRFMLA@MNR.ORG">MNRFMLA@MNR.ORG</a></p>
<input type="checkbox"/>	<p><b><u>MTA NYCT/MaBSTOA/SIRTOA/MTA BUS</u></b> New York City Transit FMLA-PFL-STD Floor 8th, Rm 8000.43 300 Cadman Plaza West Brooklyn, NY 11201 E-Fax: 718-744-2671 Email: <a href="mailto:Complianceandsupport@nyct.com">Complianceandsupport@nyct.com</a></p>