



# FMLA Request for Bonding Leave

## 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 bonding leave as:

FMLA No-Pay (SAP Code 0991)  
 Vacation (SAP Code 0200)

## Section 4: Type(s) of Leave (Check all that apply)

*Note for birth mothers only: FMLA-covered bonding leave addressed by this form relates to the period after you are released by your doctor to return to work following the birth of your child. FMLA-covered medical leave is the subject of another form and applies to the period before and following birth when you are under the care of a doctor and are unable to work.*

- Day of birth/placement forward continuously (up to 12 weeks based on eligibility) (non-birth mothers)
- BIRTH MOTHER ONLY - from medical release date following birth forward (up to remainder of FMLA leave) **FMLA bonding leave must be taken as a continuous block of leave UNLESS Advance Supervisor Notification and Approval is obtained (except in CA\*\*)**
- Intermittent Leave (a few days here & there) – **Advance Supervisor Notification and Approval Required (except in CA\*\*)**
- Reduced Leave Schedule (such as half days) – **Advance Supervisor Notification and Approval Required (except in CA\*\*)**
- Continuous Leave (for a block of time separate from day of birth/placement period) – **Advance Supervisor Notification and Approval Required (except in CA\*\*)**

Expected Leave Begin Date	Expected Return Date
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Indicate specific dates / times for which you are requesting intermittent, reduced, or continuous leave:

*Failure to provide at least 30 days advance notice for leave that can be reasonably anticipated could result in refusal of request and requirement for leave to be postponed. If you are unable to provide specific dates / times at this point, you must supplement this form with this information to your supervisor at least 30 days in advance of the leave when it can be reasonably anticipated before the specific dates can be approved by supervision.*

**\*\*CA law allows employees to take bonding leave on two occasions for less than two-week increments.\*\***

Supervisor Approval <b>X</b>	Date
Print Name <b>X</b>	

## Section 5: Signature

I understand and agree to the conditions and provisions of the Family/Medical Leave as set forth on this form and the Phillips 66 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 the Phillips 66 Family and Medical Leave policy to the extent of any rights beyond those required by law.

Employee Signature <b>X</b>	Date
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Please submit to:

Fax: (918) 977-9344 or  
 Phillips 66 Absence Management Team  
 4<sup>th</sup> Floor Adams Building  
 411 South Keeler  
 Bartlesville, OK 74003-6670



**Congratulations on the upcoming addition to your family.  
Below is a collection of information to help you as you welcome your new child.**

## **Benefits**

### **Family and Medical Leave - Job Protection**

Employees that have been with the company for at least 12 months and have worked at least 1250 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. A completed Employee Health Report will provide documentation for a mother's leave for birth and recovery. The Request for Bonding Leave form on the reverse side of this page provides the needed documentation for parents to apply for bonding leave. Once approved, this leave ensures that an employee cannot be disciplined for covered absences. Payroll/Timekeeping options for bonding leave are Vacation (SAP Code 0200) or FMLA No-Pay (SAP Code 0991).

*Please note that some states, including but not limited to California and Washington, may have additional programs that could affect the application of federal FMLA.*

### **Short Term Disability – Paid Leave**

Pregnancy is considered a serious medical condition for the mother. As a result, mothers may use Employee Sick Time (SAP Code 0220), which is paid through Phillips 66's Short Term Disability plan, while absent under a licensed health care provider's care for birth and recovery. This leave will continue until the employee has been released by her licensed health care provider to return to work and will run concurrently with Family and Medical Leave for birth and recovery.

### **Personal Leave of Absence – extended leaves for special circumstances**

Employees that have exhausted vacation time and Family and Medical Leave may request personal leave of absence for periods of more than 30 days up to one year. **Note – personal leave is unpaid and is not a protected leave.**

### **Pregnant Parent Checklist**

- When a due date has been determined, contact HR Connections at (855) 480-6634 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 Report (EHR) and have your licensed health care provider complete the remainder of the EHR. 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 local reporting procedures for reporting absences. **Note – the EHR should be received no more than 5 calendar days after the first day missed. Failure to submit the EHR in a timely manner may result in interruption of Short Term Disability and Family and Medical leave benefits.**
- If you will be taking additional leave for Care & Bonding, **complete and submit the Request for Bonding Leave form** on the reverse of this page.
- If you will be adding your new child to your health insurance through Phillips 66, contact the Benefits Center at (800) 965-4421 no more than 90 days after birth or placement to request this addition.
- Submit a follow-up EHR within one week of your post-partum appointment. If you have additional health concerns that will prevent your release to return to work, additional EHRs explaining the extended recovery period will be required every 30 days until you have been released to return to work full duty.

### **Non-Pregnant Parent Checklist**

- When a due/placement date has been determined, **complete and submit the Request for Bonding Leave form** on the reverse of this page. **Contact HR Connections at (855) 480-6634 when the baby is born to confirm your first day of leave.**
- Ensure that you follow local reporting procedures both for requesting leave and reporting absences when your leave begins.
- If you will be adding your new child to your health insurance through Phillips 66, contact the Benefits Center at (800) 965-4421 no more than 90 days after birth or placement to request this addition.