



# FMLA Request for Bonding Leave & Parental Leave

## Section 1: Employee Information

Name:	Employee Number:	I am the <input type="checkbox"/> Non-birth parent <input type="checkbox"/> Birth Mother
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## Section 2: Reason for Leave

Birth of my child, born or expected on \_\_\_\_\_ (leave must end within 12 months of the birth).

Placement of a child for adoption by me \_\_\_\_\_ (leave must end within 12 months of placement).

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) - If box is checked, sections 4 and 6 must be completed.

Vacation (SAP Code 0200) - If box is checked, sections 4 and 6 must be completed.

Parental Leave (SAP Code 0235) - If box is checked, sections 5 and 6 must be completed. See eligibility on reverse side.

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

*Note for birth mothers only: FMLA-covered bonding leave addressed by this form relates to the period after your short-term disability ends 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.*

NON-BIRTH PARENT - Day of birth/placement forward continuously (up to 12 weeks based on eligibility)

BIRTH MOTHER ONLY - From short-term disability end date forward (up to remainder of FMLA leave)

Intermittent Leave (a few days here & there) - **Advance Supervisor Notification and Approval Required (CA employees see below\*)**

Reduced Leave Schedule (such as half days) - **Advance Supervisor Notification and Approval Required (CA employees see below\*)**

Continuous Leave (for a block of time separate from day of birth/placement period) - **Advance Supervisor Notification and Approval Required (CA employees see below\*)**

## Section 5: Type(s) of Parental Leave (Check all that apply)

NON-BIRTH PARENT - Day of birth/placement forward continuously

BIRTH MOTHER ONLY - From short-term disability end date forward

Intermittent Leave (a few days here & there) - **Advance Supervisor Notification and Approval Required**

Continuous Leave (for a block of time separate from day of birth/placement period) - **Advance Supervisor Notification and Approval Required**

## Section 6: Leave Dates and Supervisor Approval

Expected Leave Begin Date	Expected Return Date
<b>Indicate specific dates / times in the columns below for which you are taking leave</b>	
<b>DATES</b>	<b>TIME CODE</b>

*Failure to provide at least 30 days' 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 Signature <b>X</b>	Date
Supervisor Print Name <b>X</b>	

## Section 7: Signature

I understand and agree to the conditions and provisions of the Family and Medical Leave Act 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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**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 Act (FMLA) - Job protection**

Employees that have been with the company for at least 12 months and have worked at least 1,250 hours in the last 12 months are eligible for upto 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.

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

### **Parental Leave\*\* - Paid leave**

The purpose of the Parental Leave Policy ("Policy") is to provide eligible employees with up to two weeks of paid time off for the care and bonding of a child within 12 months after the child's birth, legal adoption or placement for adoption. This leave will run concurrently with FMLA.

You will not be able to use the 0235 code on your timesheet until this form has been received and you have been approved for parental leave.

### **Short Term Disability - Paid leave**

Effective Jan. 1, 2018, birth mothers may be eligible to receive up to 10 weeks to recover from the birth of their child paid at 100%. This leave will run concurrently with FMLA.

### **Personal Leave of Absence - Extended leaves for special circumstances**

Employees that have exhausted vacation time and FMLA may request personal leave of absence for periods of more than 30 days up to one year. Personal leave is unpaid and is not a protected leave.

**NOTE - Ensure that you follow local reporting procedures both for requesting leave and reporting absences when your leave begins.**

\*\*Represented employees covered by a collective bargaining agreement are eligible for benefits under the Parental Leave Policy only if these benefits are provided under the terms of their applicable collective bargaining agreement.

**Please submit form to:**

**Fax: (918) 977-9344**

**E-mail: [absencemanagement@p66.com](mailto:absencemanagement@p66.com)**

**OR**

**Mail: Phillips 66 Absence Management Team**

**4<sup>th</sup> Floor Adams Building**

**411 South Keeler Avenue**

**Bartlesville, OK 74003-6670**

Updated 08/03/2018

**For questions, call HR Connections at 855-480-6634 or 918-977-7905 between 6 a.m. and 5:30 p.m. Central Time, Monday through Friday.**

# EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

## LEAVE ENTITLEMENTS



Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

## BENEFITS & PROTECTIONS

## ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;\* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

\*Special "hours of service" requirements apply to airline flight crew employees.

## REQUESTING LEAVE

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

## EMPLOYER RESPONSIBILITIES

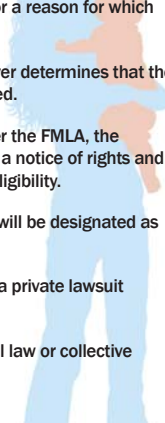
Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

## ENFORCEMENT

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.



For additional information or to file a complaint:

# 1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

## [www.dol.gov/whd](http://www.dol.gov/whd)

U.S. Department of Labor | Wage and Hour Division

