



## COVID-19 or FAMILY LEAVE REQUEST FORM CORPORATE, POLICE AND RAIL EMPLOYEES ONLY

Last Name	First Name	Middle Initial	Employee #
Job Title	Department	Mgt Center	Payroll (Circle One) CORPORATE    POLICE    RAIL
Home Address	Home Phone	Personal E-Mail Address (Optional)	
Work Location	Work Phone	Work Email Address	
<b>PERIOD OF LEAVE REQUESTED:</b>			
		Start Date _____ <i>MM/DD/YYYY</i>	End Date _____ <i>MM/DD/YYYY</i>

<p><b><u>Families First Coronavirus Response Act</u></b> (Expanded FML for specified reasons related to COVID-19)</p> <p><input type="checkbox"/> Employee is subject to local quarantine or isolation order related to COVID-19</p> <p><input type="checkbox"/> Employee has been advised by a health care provider to self-quarantine related to COVID-19</p> <p><input type="checkbox"/> Employee is experiencing COVID-19 symptoms and is seeking medical diagnosis</p> <p><input type="checkbox"/> Employee is caring for family member subject to an order</p> <p>Employee is needed to care for a son or daughter 18 years old or younger due to a COVID-19 school/ closure</p>	<ul style="list-style-type: none"> <li>➤ <b>To be provided to NJ Transit Medical and/or Administrator</b> <ul style="list-style-type: none"> <li>▪ Federal, State, or local quarantine or isolation order related to COVID-19</li> <li>▪ Documentation from a health care provider advising the employee to self-quarantine due to COVID-19</li> <li>▪ Documentation from a health care provider advising the employee is needed to care for an individual that must self-quarantine due to COVID-19</li> </ul> </li> <li>➤ <b>To be provided to Rail FMLA Administrator</b> <ul style="list-style-type: none"> <li>▪ Notice of school or childcare closure and proof of paternal relationship</li> </ul> </li> </ul>
<p><b><u>FMLA AND/OR FLA (Non-Covid-19 related)</u></b></p> <p><input type="checkbox"/> Care of child after child's birth or placement for adoption or foster care</p> <p style="padding-left: 20px;"><input type="checkbox"/> Consecutive</p> <p style="padding-left: 20px;"><input type="checkbox"/> Intermittent/Reduced Schedule Leave</p>	<p><b><u>ADDITIONAL DOCUMENTATION REQUIRED AND TO BE PROVIDED TO THE APPROPRIATE ADMINISTRATOR*:</u></b></p> <ul style="list-style-type: none"> <li>▪ Birth certificate, Court Order or Letter from adoption or foster agency</li> </ul>
<p><input type="checkbox"/> <b>Employee's own illness/injury/incapacity or due to pregnancy or prenatal care</b></p> <p style="padding-left: 20px;"><input type="checkbox"/> Consecutive (Full-time)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Intermittent/Reduced Schedule Leave (FMLA only)</p>	<ul style="list-style-type: none"> <li>▪ Medical certification of serious health condition <u>in all cases</u></li> </ul>
<p><input type="checkbox"/> <b>Illness/injury of Employee's Family Member:</b> (Write name on appropriate line below)</p> <p style="padding-left: 20px;">Spouse _____</p> <p style="padding-left: 20px;">Parent _____</p> <p style="padding-left: 20px;">Child _____</p> <p style="padding-left: 20px;">Child's Date of Birth ____ / ____ / ____</p> <p style="padding-left: 20px;">Domestic Partner _____</p> <p style="padding-left: 20px;">Civil Union Partner _____</p> <p style="padding-left: 20px;"><input type="checkbox"/> Consecutive (Full-time)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Intermittent/Reduced leave schedule</p>	<ul style="list-style-type: none"> <li>▪ Birth certificate, Court Order or Letter from adoption or foster agency</li> <li>▪ Medical certification of serious health condition <u>in all cases</u></li> <li>▪ Proof of marriage, if records do not indicate</li> <li>▪ Proof of family relationship, if your spouse/child is not covered by benefits</li> <li>▪ Plus, Certificate of Domestic Partnership</li> <li>▪ Plus, NJ Civil Union Certificate or valid certification from another jurisdiction that recognizes same-sex civil unions</li> </ul>

I understand that if the requested leave is granted, it will be governed by the following terms and conditions:

- **Employee Responsibilities** - It is my responsibility to determine my specific rights and entitlements under any applicable labor agreement, benefit plan or NJ TRANSIT policy prior to taking a leave of absence and to comply with the requirements and procedures governing the particular type of leave being requested.
- **Documentation** - NJ TRANSIT reserves the right to require additional documentation in order to make a determination with respect to a leave request (e.g., a marriage certificate to establish a covered relationship for purposes of FMLA or FLA leave). Leaves will not be approved without proper documentation.
- **Family and Medical Leave** - All or part of the requested leave may be designated as FMLA and/or FLA leave and counted toward any FMLA or FLA leave allowance(s) for which I am eligible.
- **Leave Coordination** - Paid sick leave, temporary disability and workers compensation will run concurrently with an FMLA-qualifying and designated absence and will be counted against any FMLA leave allowance for which I am eligible.
- **Intermittent FMLA/FLA Leave** - If qualified for intermittent leave under the FMLA and/or FLA, I must make every reasonable effort to schedule my leave use so as not to unduly disrupt my department's operations and I must provide my supervisor with advance notice of all foreseeable use of leave (i.e., for scheduled medical appointments).
- **Benefits Continuation** - My benefits coverage will continue for a specified period of time in accordance with applicable laws, NJ TRANSIT policies, benefit plans and/or labor agreement provisions. Depending on the type of leave, I may be responsible for paying some or all of the cost of my benefits to ensure the continuation of my coverage. I understand that it is my responsibility to make payment arrangements with NJ TRANSIT's Benefits Department and that failure to make timely payments may result in the cancellation of my coverage.
- **Approval** - All leaves are conditioned on my meeting the requirements of the applicable labor agreement, NJ TRANSIT policy and law. Final authority regarding all leave issues rests with NJ TRANSIT's Human Resources Department.
- **Return to Work** - I understand that if I fail to return to work upon the expiration of an approved leave, my employment with NJ TRANSIT may be terminated. A Fitness for Duty report from my physician will be required before I will be permitted to return to work from a leave of more than 10 calendar days due to my own illness and I must be cleared to return to work by Medical Services before returning to work after any absence.

**By signing this form, I agree to the terms and conditions outlined above.**

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Employee Signature	Date
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**To be completed by LEAVE CASE COORDINATOR:**

Leave Request Received \_\_\_\_\_ During the 12 months preceding the requested leave, has/will  
MM/DD/YYYY employee have worked at least \_\_\_\_ 1000 hours? At least \_\_\_\_ 1250 hours?

Case Coordinator: \_\_\_\_\_  
Print Name Signature Date

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**ALL FMLA/FLA REQUESTS, ALONG WITH THE APPROPRIATE DOCUMENTATION, SHOULD BE SENT TO:**

**Corporate & Police:** FMLA Administrator, [nonagreementfmla@transit.com](mailto:nonagreementfmla@transit.com) or fax 973-833-8243 or 201-716-5439  
1 Penn Plaza East, 2<sup>nd</sup> Floor, Newark NJ 07105. Phone: (973) 491-8050.

**Rail Employees:** Rail FMLA Coordinator, [railfmla@njtransit.com](mailto:railfmla@njtransit.com) or fax 973-804-0219  
1 Penn Plaza East., 2<sup>rd</sup> Floor, Newark NJ 07105. Phone: (973) 491-7945.