

# 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"/>		<input type="checkbox"/>		Job Title	
	<input type="checkbox"/>	<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 <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> parent with a serious health condition (Provide date of birth of care recipient):	
Qualified exigency leave for my <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> parent on active duty or called to active duty in a foreign county	
To care for my <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> parent <input type="checkbox"/> next of kin who is a covered service member with a serious injury or illness <input type="checkbox"/> for my pregnant spouse	

## Section 4 - Request for Leave

Leave Start Date	Leave End Date
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## 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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# Family and Medical Leave Act Request Form

HR-BEN-028



**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>

# FMLA Certification of Qualifying Exigency For Military Family Leave



HR-BEN-071

## Section 1 - Information and Instructions

**The purpose of this form is to submit the required documentation for your FMLA request.**

**NOTE:** You can request a leave of absence under the Family and Medical Leave Act (FMLA) online at My MTA Portal, [www.mymta.info](http://www.mymta.info). If you are unable to apply online, mail or fax a signed copy of HR-BEN-028 form 30 days prior to the start of your leave or as soon as possible. See the instructions at the top of the form for how to submit it to your agency.

Please complete Section I fully and completely. The FMLA permits an employer to require that you submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a qualifying exigency. Several questions in this section seek a response as to the frequency or duration of the qualifying exigency. Be as specific as you can; terms such as “unknown,” or “indeterminate” may not be sufficient to determine FMLA coverage. Your response is required to obtain a benefit. 29 C.F.R. § 825.310. While you are not required to provide this information, failure to do so may result in a denial of your request for FMLA leave. Your employer must give you at least 15 calendar days to return this form to your employer.

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

## Section 2 - Employee Information

Print Name	Last	First	M.I.	Suffix	BSC ID	
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	Agency ID
	<input type="checkbox"/> SIR	<input type="checkbox"/> LIRR	<input type="checkbox"/> MNR	<input type="checkbox"/> MTA Bus	<input type="checkbox"/> NYCT	Department
					<input type="checkbox"/> MaBSTOA	Job Title
Street Address				Regular Work Schedule		
City			State	Zip Code		
Phone (H)		Phone (W)		Email		
Name of covered military member on active duty or call to active duty status in support of a contingency operation						
Last		First		MI	Suffix	
Relationship of covered military member to you: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Next of Kin						
Period of covered service member's active duty: From _____ To _____						
A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a covered military member's active duty or call to active duty status in support of a contingency operation. Please check one of the following:						
<input type="checkbox"/>	A copy of the covered military member's active duty orders is attached.					
<input type="checkbox"/>	Other documentation from the military certifying that the covered military member is on active duty (or has been notified of an impending call to active duty) in support of a contingency operation is attached.					
<input type="checkbox"/>	I have previously provided my employer with sufficient written documentation confirming the covered military member's active duty or call to active duty status in support of a contingency operation.					

# FMLA Certification of Qualifying Exigency For Military Family Leave

HR-BEN-071



## PART A: QUALIFYING REASON FOR LEAVE

1. Describe the reason you are requesting FMLA leave due to a qualifying exigency:

2. A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes any available written documentation which supports the need for leave. Such documentation may include a copy of a meeting announcement for informational briefings sponsored by the military, a document confirming an appointment with a counselor or school official, or a copy of a bill for services for the handling of legal or financial affairs.

Available written documentation supporting this request for leave is attached:

Yes  No  None Available

## PART B: Request for Leave

Leave Start Date

Leave End Date

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 is leave that reduces your usual number of working hours per work week or hours per work day, and a Continuous Leave is taken in consecutive blocks of time.)

b) If Intermittent or reduced schedule, state the anticipated frequency and duration of each appointment, meeting, or leave event, including any travel time (e.g, one deployment-related meeting every month lasting 4 hours):

Frequency: \_\_\_\_\_ Times per  Day  Month  Rolling Days  Week  Year

Duration: \_\_\_\_\_ Hours \_\_\_\_\_ Day(s) per event.

# FMLA Certification of Qualifying Exigency For Military Family Leave

HR-BEN-071



## PART C:

If leave is requested to meet with a third party (such as to arrange for childcare, to attend counseling, to attend meetings with school or childcare providers, to make financial or legal arrangements, to act as the covered military member's representative before a federal, state, or local agency for purposes of obtaining, arranging or appealing military service benefits, or to attend any event sponsored by the military or military service organizations), a complete and sufficient certification includes the name, address, and appropriate contact information of the individual or entity with whom you are meeting (i.e., either the telephone or fax number or email address of the individual or entity). This information may be used by your employer to verify that the information contained on this form is accurate.

Name of Individual		Title
Organization		
Address		
Telephone	Fax	Email
Describe nature of meeting:		

Section 3 - Employee Signature	
I understand that fraudulently requesting, obtaining and/ or misusing this leave will be cause for disciplinary action, up to and including dismissal from employment.	
Signature	Date

# FMLA Certification of Qualifying Exigency For Military Family Leave

HR-BEN-071



Section 4 - Agency Department Checklist	
Check the box for your agency	Submit this form to your agency representative listed below.
<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> Human Resources Department Robert Moses Building Randall's Island New York, NY 10035 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 4 20 Lexington Avenue, 12th 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>

## FMLA FAQs

**What am I entitled to with FMLA?** Eligible employees who work for a covered employer (NYCT is covered), can take up to 12 weeks of unpaid, job protected leave in a 12-month period for the following reasons:

- Birth of a child or placement of a child for adoption or foster care.
- To bond with a child (leave must be taken within 1 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 their 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 service member'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.

### How do I qualify for FMLA?

- Employee must have worked for MTA-NYCT for a total of at least 12 months.
- Employee must have worked a total of 1250 hours in a year preceding the start of the leave.

### What FMLA forms do I need?

- FMLA for yourself (your own illness) – **HR-BEN-028 & HR-BEN-069**
- FMLA for family member (to care for a family member) – **HR-BEN-028 & HR-BEN-070**
- FMLA for Military Exigency Certification – **HR-BEN-028 & HR-BEN-071**
- FMLA for covered service member – **HR-BEN-028 & HR-BEN-072**

### Where do I get the FMLA forms?

- BSC Employee self-service website – [www.mymta.info](http://www.mymta.info)
  1. Log in to My MTA Portal
  2. Click on "Forms and Information"
  3. Click on "Human Resources" folder
  4. Click on "FMLA" folder
  5. Choose the forms that apply to you
- FMLA Unit email – [SubwaysFMLA@nyct.com](mailto:SubwaysFMLA@nyct.com)
- FMLA Unit at 130 Livingston Street, 6<sup>th</sup> floor, Brooklyn, NY, 11201

### What other documentation do I have to submit along with my application when applying for a family member?

- Employee's must submit proof of relation.
- When applying to care for a child – Submit a copy of the child's birth certificate
- When applying to care for a parent – Submit a copy of your own birth certificate
- When applying to care for a spouse – Submit a copy of your marriage certificate
- When applying for child bonding – If married, submit a copy of your marriage certificate and discharge papers that state the child's date of birth. If not married, submit documentation from the hospital stating the child's date of birth and listing you as the parent. **The birth certificate must be provided once received.**

### Where do I send the FMLA forms? Can I submit them electronically?

- **HR-BEN-028, (Military - HR-BEN-071, HR-BEN-072)** forms – Email [SubwaysFMLA@nyct.com](mailto:SubwaysFMLA@nyct.com) or mail/bring in person to 130 Livingston, 6<sup>th</sup> floor, Brooklyn, NY, 11201.
- To submit the **HR-BEN-028** form electronically go to:
  1. BSC Employee self-service website – [www.mymta.info](http://www.mymta.info)
  2. Log into My MTA Portal
  3. Select "My Benefits"
  4. Select the "FMLA Request/Status" folder
  5. If it's your first time, complete the page and select "Save" on the bottom left of the form
  6. If it's not your first time, select the "+" sign on the top right, complete the page and select "Save" on the bottom left of the form
  7. Whether it's your first time or not, in the "Comments" section, please put your phone number and email address
- To submit the **HR-BEN-069, HR-BEN-070** forms – Email [Complianceandsupport@nyct.com](mailto:Complianceandsupport@nyct.com)



## FMLA FAQs

### What is the application process and how long does it take to get a decision?

- The FMLA unit will verify your eligibility.
- You will receive an initial letter from the BSC informing you of your eligibility status.
- The second letter from the BSC will let you know if your medical certification was approved/denied by Occupational Health Services (OHS).
- The process takes approximately **30 days or more**.

### How can I check my FMLA request status?

- BSC Employee self-service website – [www.mymta.info](http://www.mymta.info)
- Click on “My Benefits”
- Click on “FMLA Request/Status”
- Email FMLA Unit – [SubwaysFMLA@nyct.com](mailto:SubwaysFMLA@nyct.com)

### How soon should I make my initial notification to my employer/FMLA Coordinator-Subways FMLA Unit of my need for FMLA?

- **Employees must give 30-days’ advance notice of the need for FMLA before the leave date.** If it is not possible to give 30-days’ notice, an employee must notify the employer/FMLA Coordinator-Subways FMLA Unit as soon as possible.

### When using FMLA, do I have to use my time?

- Yes. You must use your available time.

### How do I call out FMLA once approved?

- You will call the same number(s) you currently call yourself out sick or request a day, but you must state you’re using an FMLA day and who the FMLA is for, meaning you’re calling out FMLA sick for self or FMLA for spouse, parent, or child for family.

### If I have FMLA, why do I have to submit a sick form?

- Employees using FMLA leave are required to follow all notice and procedural requirements for requesting leave in the Authority’s time and leave rules, and appropriate collective bargaining agreements, including submission of sick leave policies and contractual procedures.

### If I have approved FMLA for a family member, do I need to provide a sick form?

- No. If you go out FMLA for a family member, you are not going out sick, therefore, you do not need to provide a sick form.

### Do the 60 days renew once a new year begins?

- Everyone’s situation is different. FMLA time is based on a 12-month rolling period. If you have time remaining from the 60 FMLA days from your previous years’ usage, that remaining time will carry over and can be used once you’re approved for your new FMLA requested time. Then, as you pass the FMLA days you used for the prior year, those FMLA days become available to you again to be used, but be mindful that as you take FMLA days, your time will continue to decrease.
- If you exhausted all of your 60 FMLA days, you may be denied due to FMLA Entitlement Exhausted.

**YOU MUST INCLUDE YOUR TITLE, NAME, PASS # AND BSC # IN THE SUBJECT OR BODY OF ALL EMAILS SENT TO [SUBWAYSFMLA@NYCT.COM](mailto:SUBWAYSFMLA@NYCT.COM) OR [COMPLIANCEANDSUPPORT@NYCT.COM](mailto:COMPLIANCEANDSUPPORT@NYCT.COM).**