



Family and Medical Leave Application and Notice

Amtrak policy requires that you apply for leave through the Family and Medical Leave Act (FMLA) at least 30 days prior to the anticipated start date when the need is foreseeable. In emergency situations, notice should be given as soon as practicable. Eligible employees may take up to 12 weeks of FMLA leave in any consecutive twelve-month period, or as designated by state or federal legislation. For agreement-covered employees, approved or designated FMLA leave will run concurrently and not consecutively with any paid sick leave or scheduled vacation. For non agreement and ARASA employees, approved or designated FMLA leave will run concurrently, and not consecutively, with sick leave (STD) and all earned but unused vacation.

To avoid processing delays, complete all applicable fields below and include the medical certification:

Employee Name:		SAP Number:		Date:	
Home Street Address:					
City:				State	Zip
Home/Cell Telephone:			Job Title:		
Email Address:			Department:		
<input type="checkbox"/> Agreement or <input type="checkbox"/> Non-Agreement			Supervisor's Name:		

Reason for Leave: Check one of the following:

- The birth of your child or the placement of a child with you for adoption or foster care.
- A serious health condition that makes you unable to perform the essential functions of your job.
- A serious health condition affecting your Spouse, Child or Parent for which you are needed to provide care.
- Military caregiver leave or Qualifying Exigency leave

Leave Schedule: Check one of the following:

- Continuous Leave** - Employee needs to be absent for a continuous period of time with an agreed upon start date and return date.
Requested Start Date: _____ Return Date: _____
- Reduced Schedule** - Employee needs to be absent during specific hours or on specific day(s).
Proposed Schedule: _____
- Intermittent Schedule** - Employee needs to be absent at different times or days during the week. This schedule, while flexible, should be as specific as possible.
Estimated Schedule (describe possible schedule adjustments): _____
Dates requested are tentative and may need to be adjusted if condition worsens.

Employee Signature:	Date:
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Instructions:

1. Complete this Application page
 2. Obtain the correct Medical Certification form from the HRESC - 888-694-7372 for either:
 - an Employee's condition use : WH-380-E
OR
 - a Family Member's condition use: WH-380-F
 3. Have the Doctor complete the Medical Certification form
 4. Submit both forms either by:
 - **Fax: 202-799-6691**
OR
 - **Scan and Email: FMLA@Amtrak.com**
- You and your supervisor will be notified, in writing, whether your application is approved, denied, or requires additional information. If approved, you must comply with all specified terms of your FMLA leave.
 - For questions about the status of your FMLA, please call - **888-694-7372**

FMLA Contact Information:

Amtrak FMLA Administrator 60 Massachusetts Ave NE Washington, DC 20002	Phone: 888-694-7372 Fax : 202-799-6691 Email: FMLA@amtrak.com
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