

Family and Medical Leave Act (FMLA) Certification Form Instruction Sheet

- I. **Please review the instruction sheet (pages 1 & 2) and the Employee Information Sheet (pages 3 & 4).** If you have questions, contact your local FMLA Coordinator, your supervisor or HR Services at Live Chat on Jetnet or at 1-800-447-2000. Detailed information regarding the FMLA policy is on Jetnet.
- II. **Log onto Jetnet to ensure the accuracy of your permanent and alternate mailing addresses on file.**
To update your addresses: Select "Resources" at the right side of the main page. Under "Career", select "Update My Information". Select "My Contact Information". (Crewmembers must also complete a separate update for DECS).
- III. **In order to have FMLA Leave designated, you must be both administratively and medically eligible and submit the required documentation within the administrative timelines.**
 - A. **Employee Administrative Eligibility:** You are administratively eligible for FMLA Leave if:
 1. You have at least 12 months of company service as of the actual start date of the leave and,
 2. You have worked at least 1,250 hours during the 12-month period immediately preceding the start of the leave.
 - a. Hours worked do not include vacation, paid sick, holidays, injury on duty time, crew layover time, leave time, etc.
 - b. Pilots and Flight Attendants must have worked or been paid for not less than 60 percent of the total monthly schedule or guarantee and worked or been paid for not less than 504 hours excluding sick or medical leave or vacation time during the previous 12-month period.
 - B. **Employee Administrative Timelines:**
 1. Notify your supervisor 30 calendar days in advance when you plan to use any type of FMLA Leave.
 2. If your need for leave is *unforeseeable*, you must notify your supervisor as soon as practicable.
 - a. Please be advised that an employee must comply with the employer's usual and customary notice and procedural requirements for requesting leave, absent unusual circumstances.
 - b. Employees must provide sufficient medical information to the Company within 17 calendar days of the date requested, absent extenuating circumstances. Note: You must notify a supervisor no later than 2 calendar days from the date you return to work that an absence is related to your FMLA leave. Sufficient medical information must be provided to the Absence & Return Center (ARC) within 15 calendar days from the date you give notice of the need for leave.
 - c. If the submitted medical documentation requires additional information or clarification, you will be notified and given an opportunity to provide the additional information to the ARC within 15 additional calendar days.
 - d. Be sure the treating health care provider is aware of the deadlines you have been given.
 3. **Medical Eligibility** – You are medically eligible for FMLA Leave if:
 - a. You are requesting FMLA Leave for yourself or an eligible family member and,
 - b. It is medically necessary for you to take time away from work for the serious health condition and,
 - c. The serious health condition meets one of the six categories defined in the FMLA Federal Regulations
 - d. **Incapacity:** For the purposes of FMLA Leave, incapacity is defined as the inability to work, attend school or perform other regular daily activities due to the serious health condition.
 - IV. **Complete the FMLA Certification Form on pages 5 – 7 (and page 8 if needed)**
 - A. **Section A** – Items 1 through 6 – to be completed by you, the employee.
 - B. **Section B** – Items 7 through 19 – To be completed only by the health care provider treating the serious health condition for which you are requesting the FMLA. Do not make alterations to the information documented by the treating health care provider. Your health care provider may need a copy of your Essential Job Functions. (Please contact your local supervisor if required) If the leave is for an Adult Child, the health care provider treating your child must complete Section B of this document and Section.
 - C. **Section C** – To be completed by the health care provider treating your child if your FMLA Leave is needed to provide care for a child age 18 or older. Do not make alterations to the information documented by the treating health care provider.

**Family and Medical Leave Act (FMLA) Certification Form
Instruction Sheet (continued)**

V. **Submit the FMLA Certification Form**

- A. Fax completed pages 5 – 7 (and page 8 if needed) to the ARC: 1-855-709-4903. Write your name and employee number on the BACK of each page. Keep the transmittal sheet of your fax.
- B. Mail pages 5 - 7 (and page 8 if needed) to ARC, MD 4100, P.O. Box 619616, DFW Airport, TX 75261-9616. Keep the mail receipt.
Note: It is your responsibility to ensure American Airlines ARC receives the completed FMLA Certification Form.

VI. **Verify the status of your FMLA**

- A. Check the status of your leave request on Jetnet. Select “Pay and Benefits”, then select “FMLA” under “Vacation, Sick & Leaves”. Click on “Check FMLA Status”. The FMLA Status page will show the current and prior FMLA leaves. Click on “View” to see the comments of your current case. If there is not a current case, then the ARC has not created a case for you.
- B. If ARC has not created a case for you within 2 business days from the fax date, then ARC did not receive your form. Resend your completed form and ensure you keep your fax confirmation sheet.
- C. If ARC requests additional information, be sure the treating health care provider is aware of the deadlines you have been given.

VII. **Designated / Not designated FMLA leave** - After your FMLA form is submitted, your leave will either be ‘Designated’ or ‘Not Designated’.

- A. **Designated:** Your specified time away from work is designated for FMLA Leave.
- B. **Not Designated:** Your specified time away from work is not designated for FMLA Leave.

VIII. **Type of FMLA Leave** - FMLA Leave may be taken as a Regular / Block or Intermittent leave. (Note the difference below)

A. **If you are requesting FMLA Block Leave:**

1. **FMLA Block Leave** – a one-time continuous leave for a single health condition. Some collective bargaining agreements (CBAs) provide for a Medical/Sick Leave of Absence if you are in need of a block leave for your own condition and all Sick/Medical eligibility criteria are met. The company will require such leave to run concurrently with FMLA leave.
2. Absences that do not fall between the designated start and end dates of your designated leave will not be coded as FMLA or Sick/Medical leave and may be considered an attendance occurrence under the applicable attendance policy.
3. Returning to work prior to the end date of your designated block leave will end your leave. New medical documentation will need to be provided if you are in need of a new block leave after having returned to work from your designated leave.
4. If you need to extend the designated end date of your block leave, you must provide reasonable notice, i.e., within 2 business days of the changed circumstances, where foreseeable. Failure to do so may cause a lapse in your leave coverage.
5. Submitted block leave extension documentation must be completed by the original treating health care provider. You will need to submit new medical documentation if you are submitting block leave extension paperwork from a new treating health care provider.

B. **If you are requesting intermittent FMLA leave or reduced schedule FMLA leave:**

1. **FMLA Intermittent Leave** – leave taken in multiple blocks of time for a single health condition.
2. Reduced-Schedule FMLA Leave is a type of intermittent FMLA Leave taken in multiple blocks of time for a single health condition that allows the employee to continue working based on the health care provider’s recommendations. (*i.e., your health care provider indicates that you should only work 4 hours per day for 6 weeks due to your health condition.*)
3. Please be advised that an employee must comply with the employer’s usual and customary notice and procedural requirements for requesting leave, absent unusual circumstances.
4. Employees needing intermittent FMLA Leave or reduced-schedule FMLA Leave must attempt to schedule their leave so as to not disrupt the operation. This includes, but is not limited to, scheduling appointments with the health care provider, therapy sessions, medical procedures, etc., at times when you are not scheduled to be at work. You may be reassigned to an alternative position with equivalent pay and benefits that better accommodates your intermittent or reduced-schedule FMLA Leave.

Family and Medical Leave Act (FMLA) Certification Form Employee Information

Annual Amount of FMLA Leave

You may take a maximum of 12 workweeks of FMLA Leave per rolling calendar year. If your request has been designated as FMLA Leave, this leave will count against your annual FMLA Leave allotment. If you have FMLA Leave designated for a family member who was a service member injured/ill in the line of duty, your FMLA allotment cannot exceed a maximum 26-week allotment in a rolling 12-month period. All designated FMLA Leave usage, for all conditions, will count against your annual FMLA Leave allotment.

Attendance Policy

Absences that do not fall between the designated start and end dates, or absences for other reasons will not be coded as FMLA Leave and may be considered an attendance occurrence under the applicable attendance policy.

Benefit Coverage

While you are on FMLA Leave, you are still responsible for any employee premiums for any employee benefits at the same rate you paid while actively working. If your FMLA Leave is paid, these contributions will continue to be deducted from your paycheck. If your FMLA Leave is unpaid and you have been removed from payroll, subsequent payments need to be made by the due date indicated on your monthly payment notice sent by Aon Hewitt. You will receive detailed benefit information in the mail which will explain how to make payments during your unpaid FMLA Leave. If you do not receive benefit information within 10 days of starting your unpaid FMLA Leave, please call **Benefits Center at: 1-888-860-6178**. If you fail to pay for optional coverage(s) such as life insurance and disability, your coverage may lapse.

Birth/Adoption/Foster Placement

You are required to provide certification of birth, adoption or foster care placement by submitting Section A and one of the 3 following items: 1) estimated due date, 2) date of birth, or 3) documentation of the adoption or foster care placement of the child.

Fitness-for-Duty Certification Requirements

If you have a safety sensitive job function and the medical condition/ related treatment listed on the FMLA form impacts your ability to perform your essential job function, you may be contacted by the Absence and Return Center (ARC) in regard to your fitness for duty.

Job Restoration

You are entitled to your same or similar job in your current location at the end of your FMLA Leave. Your rate of pay will be determined by company policies in effect at the time of your return.

Life Event

An unpaid leave of absence is considered a Life Event that allows you to make changes to your benefit plan in accordance with the plan provisions.

Misrepresentation

Misrepresentation of any kind in your application for and/or use of FMLA Leave is a direct violation of company policy, and you may be subject to corrective action, up to and including termination.

Paid Holidays

Absences during a holiday on which you were originally scheduled to work do not generally qualify for holiday pay. Please refer to your Collective Bargaining Agreement or the Employee Handbook to determine if you will be eligible for holiday pay during a FMLA-related absence.

Paid Leave Substitution

Unless otherwise stipulated by an applicable collective bargaining agreement, American Airlines requires the use of paid leave concurrently with your FMLA Leave. Employees are advised to check their workgroup specific policies on Wings and/or Collective Bargaining Agreement.

** Certain state laws may allow you to use a portion of your available paid sick time when providing care to an eligible family member.*

Paid Work While on FMLA Leave

Paid work while on FMLA Leave at American Airlines is not permitted without prior written approval from the company. If you receive pay for work without prior approval you will be considered to have resigned from the Company.

Reduction in Force

FMLA Leave does not protect you from layoff. An employee who would be laid off while active can still be laid off while on FMLA Leave.

State and Municipality Laws

Certain states or municipalities may have their own laws regarding similar types of family care or medical leave. To the extent consistent with applicable law, FMLA designated absences will count toward an employee's allotment of time off under state or local laws that provide time off for personal illness or the care of a sick family member.

Spouse

A legally married couple. Although FMLA defines a "spouse" as a husband or wife as defined or recognized under State law for purposes of marriage in the state where the employee resides, including common law marriage in states where it is recognized, the Company has extended this definition to all legally married couples regardless of gender or state of residence.

Domestic Partner (DP)

The federal FMLA does not include Domestic Partner (DP) as an eligible family member. However, the Company will include same-sex DP as an eligible family member if the employee has complied with the requirements of the Company's Domestic Partner Program.

Travel Privileges

Travel privileges for domestic employees while on an approved leave of absence are determined by the type of leave. Please refer to the travel sections on Jetnet for additional details.

**Family and Medical Leave Act (FMLA) Certification Form
Employee Information (continued)
Questions and Answers about FMLA Leave**

Q1. Can I verify that the Absence and Return Center (ARC) received my application for FMLA Leave?

A1. You can check the status of your FMLA request on Jetnet.

Q2. My doctor's office says they faxed my application, but the Absence and Return Center didn't receive it. What should I do?

A2. Call the health care provider's office and find out who handles the administrative tasks such as faxing medical documents. Ask this person to send the information again either via fax or U.S. Mail. If the form is sent via fax, ask them to keep a copy of the confirmation page. If they send it via U.S. Mail, ask them to maintain a copy of the application in your medical record. Be sure your health care provider's office understands the timelines by which your application must be received. Timeline extensions will not be granted, absent exigent circumstances.

Q3. Should I keep a copy of my FMLA application after the health care provider completes his/her portion?

A3 Absolutely! You can check the status of your FMLA request on Jetnet.

Q4. My doctor's office charges me a fee to complete the paperwork and fax it to the Absence and Return Center. Who should I send the bill to?

A4. AA is not responsible for this cost. If your health care provider charges a fee for completing or faxing the FMLA application, it is your responsibility to pay for the services. To minimize your costs, be sure the form is completed fully the first time. You should discuss your needs with the health care provider prior to having the FMLA forms completed.

Q5. My doctor did not answer one of the questions on the FMLA Certification Form. Can I answer it myself?

A5. No. Do not answer any of the questions on Section B or Section C of the FMLA Certification Form. This is considered misrepresentation and may result in corrective action, up to and including termination.

Q6. The Absence and Return Center has indicated that my doctor did not answer questions 17a and 17b on the request for intermittent FMLA Leave. I contacted my doctor and asked him to provide the information, but he said, "I can't answer that because I can't predict when you are going to be too sick to go to work." What should I do?

A6. Questions 17a and 17b ask the health care provider to provide an estimate of the frequency and duration under which you may need to take intermittent FMLA Leave. This is not a "prediction" of when you will be ill. However, the health care provider must review the prior medical history of this health condition and estimate how often it typically causes you to become incapacitated and how long each episode typically lasts. For example, in the past, you may have become physically incapacitated once every two months, and each episode may have lasted anywhere from 1 day to 3 days. In addition, based on your history, you routinely follow-up with your health care provider for this condition about once every 3 months. These are the kinds of facts that should be provided, and they should be based only on your current medical need for leave.

Q7. The Absence and Return Center (ARC) has asked the health care provider to submit additional medical facts to support the medical necessity of the intermittent FMLA Leave. What does this mean?

A7. This means that your health care provider should document the medical facts to support your request for FMLA Leave. For example, your physician has documented that you need to take off twice a month, 2 to 3 days each time for the next six months for "leg pain". Additional medical facts to support your need for leave may include items such as how the condition is being treated, how often the treatment is being administered, any follow-up care that would be required, etc.

Q8. How soon should I notify the Company that I need to take FMLA Leave?

A8. Notify your supervisor 30 calendar days in advance when you plan to use any type of FMLA Leave. If your need for leave is unforeseeable, you must notify your supervisor as soon as practicable. Employees must provide sufficient medical information to the Company within 17 calendar days of the date requested, absent extenuating circumstances. Please be advised that an employee must comply with the employer's usual and customary notice and procedural requirements for requesting leave, absent unusual circumstances.

Q9. I have a lot of questions about FMLA Leave. Where should I go for answers?

A9. If you have questions regarding the FMLA leave request process or need information regarding the company FMLA policy, log onto Jetnet. If you have questions that are not answered by the FMLA policy, contact your supervisor or FMLA coordinator. You may also contact HR Services at Live Chat on Jetnet or at 1-800-447-2000.

Family and Medical Leave Act (FMLA) Certification Form
Section A – Completed by the Employee

1. _____
 First Name Last Name AA Employee # Base

Email Address Phone Number

- Your Job:**
- Admirals Club Cargo Flight Attendant Planner
 - Agent Credit Union Fueler Reservations
 - Aircraft Mechanic Facilities Maintenance Management Support Staff
 - Auto Mechanic Fleet Service - Ramp Pilot Other: _____

In the past seven years have you:

- Yes No Been on military leave?
- Yes No Worked as a contractor or temporary employee for American Airlines or an American Airlines subsidiary?

2. **Are you requesting this FMLA leave for your own serious health condition?**

- Yes No If No, this leave is to provide care for my:
 - Baby Bonding* Son Father Spouse Adoption / Foster Placement*
 - Birth* Daughter Mother Domestic Partner Other: _____

* You are required to provide certification of birth, adoption or placement by submitting Section A and one of the following:
 1) Estimated due date, 2) date of birth or 3) documentation of the adoption or foster care placement of the child.

Family Member's First Name Family Member's Last Name Date of Birth Age

3. **For baby bonding-** please provide the start and end dates for the bonding period (must take place within 12 months following the birth):

Start Date: _____ End Date: _____

4. **Notification** - Please print your supervisor's first and last name below:

Supervisor's First Name Supervisor's Last Name

5. **Acknowledgement** - By signing this document I acknowledge that:

- I have received, read and understand all pages of this document.
- I can check the status of my FMLA leave on Jetnet.
- I have not made or will not make any alterations to the information documented by the treating healthcare provider.
- I have not completed any of the questions of Section B, which is to be completed only by the treating health care provider.
- An ARC representative may need to contact my treating health care provider to clarify or authenticate this form.
- I affirm that both my permanent and alternate mailing addresses on the file with the company are accurate.
- It is my responsibility to ensure this completed form and any additional information requested at a later date is submitted to and received by the ARC via fax or U.S. mail within the administrative timelines listed on page 1.
- Misrepresentation of any kind in my application for and/or use of FMLA are subject to corrective action, up to and including termination.

Signature Date

6. **Submitting the completed form** – You must fax or mail the completed form to the Absence & Return Center (ARC). By fax – write your name and employee number on the back of each page, fax the completed form to the ARC and retain your fax transmittal sheets or mail to the Absence and Return Center's address below. **Your FMLA leave status will be updated on Jetnet within two business days from the date it is received.**

Fax completed form to 1-855-709-4903 or mail to: Absence & Return Center, MD 5132, P.O. Box 619616, DFW Airport, TX 75261-9616

