

INSTRUCTION SHEET

1. REVIEW pages 1- 5, the INSTRUCTION SHEET and the EMPLOYEE INFORMATION.

If you have questions, contact your local FMLA Coordinator, your manager or Employee Services at Live Chat on *Jetnet* or at 1-800-447-2000. Detailed information regarding FMLA Leave policy is in *Jetnet*.

2. LOG onto *Jetnet* to ensure your permanent and alternate mailing addresses on file with the Company are accurate.

To update your addresses, click "Update My Contact Info" on the *Jetnet* homepage. (Crewmembers: Must also complete separate update for DECS).

3A. In order to have FMLA Leave designated, you must be both administratively and medically eligible and submit the required documentation within the administrative timelines.**3B. Employee Administrative Eligibility** – You are administratively eligible for FMLA Leave if:

- You have at least 12 months of company service as of the actual start date of the leave and,
- Your annual FMLA Leave allotment has not been exhausted and,
- You have worked at least 1,250 hours during the 12-month period immediately preceding the start of the leave.
 - Hours worked are actual on-duty hours, and do not include vacation, paid sick, holidays, injury on duty time, crew layover time, leave time, etc.
 - AA Pilots and Flight Attendants must have worked 504 paid-productive hours.

3C. Employee Administrative Timelines

- Notify your manager 30 calendar days in advance when you plan to use any type of FMLA Leave.
 - If the need for leave is unforeseeable, you must notify your manager no later than 2 calendar days from the date you return to work from an absence that is related to your FMLA Leave.
- The completed FMLA Certification Form must be provided to AA Medical within 15 calendar days from the date you give notice of the need for leave.
- If AA Medical requires additional information or clarification, you will be given an opportunity of 15 additional calendar days to have the completed information submitted to AA Medical.

3D. Medical Eligibility – You are medically eligible for FMLA Leave if:

- You are requesting FMLA Leave for yourself or an eligible family member and,
- It is medically necessary for you to take time away from work for the serious health condition and,
- The serious health condition meets one of the six categories defined in the FMLA Federal Regulations (see page 7, question # 9).
- 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.

4. COMPLETE the FMLA CERTIFICATION FORM on pages 6 - 10

- **Section A** – items 1 through 6 – to be completed by you, the employee.
- **Section B** – items 7 through 15 – to be completed by the health care provider treating the serious health condition for which you are requesting the FMLA. Your health care provider will need a copy of your Essential Job Functions located on *Jetnet*, as well as Section B of this document (and Section C if leave is for an adult child). Do not make alterations to the information documented by the treating health care provider.
- **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.

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5. SUBMIT the FMLA CERTIFICATION FORM

- Fax or mail the completed form to the AA Medical FMLA Office:
FAX pages 6 - 9 (and page 10 if needed) to the AA Medical FMLA Office at **817-931-7584**. Write your name and employee number on the **BACK** of each page. Keep the transmittal sheet of your fax.
or
MAIL pages 6 - 9 (and page 10 if needed) to **AA Medical FMLA Office, MD 4100, P.O. Box 619616, DFW Airport, TX 75261-9616** - Keep the mail receipt.
- NOTE: It is your responsibility to ensure AA Medical receives the completed FMLA Certification Form.

6. VERIFY THE STATUS of your FMLA

- Check the status of your leave on *Jetnet*. Click "Policies and Procedures," OR "Benefits and Pay" then click "FMLA Status" in the quick links column of the left side of the page. This 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 with comments, then AA Medical has not created a case for you.
 - If AA Medical has not created a case for you within 2 business days from the FAX date, then AA Medical did not receive your form. **RESEND YOUR COMPLETED FORM** and ensure you follow the FAX machine directions. Keep your fax confirmation sheet.
- If AA Medical requests additional information, be sure the treating health care provider is aware of the deadlines you have been given.

7. Designated / Not Designated FMLA Leave

After your FMLA form is submitted, your leave will either be 'Designated' or 'Not Designated'.

- Your specified time away from work is **Designated** for FMLA Leave.
- Your specified time away from work is **Not Designated** for FMLA Leave.

8. Type of FMLA Leave

FMLA Leave may be taken as a REGULAR/BLOCK or INTERMITTENT leave. Note the difference below.

IF YOU ARE REQUESTING REGULAR/BLOCK FMLA LEAVE

- **Regular/Block FMLA Leave** – a one-time continuous leave for a single health condition.
- Absences that do not fall between the designated start and end dates of your REGULAR/BLOCK Leave will not be coded as FMLA Leave and may be considered an attendance occurrence under the applicable attendance policy.
- Returning to work prior to the designated end date will end your regular FMLA Leave and any additional leave time will require a new FMLA Certification Form.
- If you need to extend the designated end date of your regular FMLA Leave, you should have the treating health care provider submit additional medical facts to AA Medical on his/her office letterhead within 15 calendar days of returning to work. Once AA Medical receives the additional medical facts **and** extends your FMLA Leave, the following two criteria must be met:
 1. Your annual FMLA allotment of 12 workweeks per rolling calendar year has not been exhausted, **and**
 2. You have not returned to work prior to the designated end date.

IF YOU ARE REQUESTING INTERMITTENT FMLA LEAVE OR REDUCED-SCHEDULE FMLA LEAVE

- **Intermittent FMLA Leave** – leave taken in multiple blocks of time for a single health condition.
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.*)
- When you plan to use an intermittent leave, you must advise your manager in advance or no later than two days from returning to work. In no case shall intermittent or reduced-schedule FMLA Leave be given retroactively if you did not provide notice within 2 calendar days after returning to work.

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.

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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.

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, you must continue to make monthly payments. You will receive a leave of absence package in the mail, which will explain how to make payments during your unpaid FMLA Leave. If you do not receive a leave of absence package within 10 days of starting your unpaid FMLA Leave, please call Employee Services at 1-800-447-2000 to request one. If you fail to pay any portion of your benefit premiums, 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

Certification Requirements

You are required to provide certification of the reason for which you are requesting FMLA Leave. You must provide the completed FMLA Certification Form to AA Medical no later than 15 calendar days from the date you notified the Company of your need for leave. The FMLA Certification form will not be accepted by AA Medical more than 17 calendar days after you have returned to work from the absence for which you are requesting FMLA Leave. If asked by the Company, you may be required to **recertify** your FMLA Leave.

Credit Union

The Credit Union's "once a member, always a member" policy means that being on FMLA Leave does not affect your membership. You should contact the Credit Union directly at (817) 963-6000 or (800) 533-0035 for information about your account or any existing loans you may have, since payroll deductions are not possible while you are on an unpaid FMLA Leave **and** have been removed from payroll.

Fitness-for-Duty Certification Requirements

You may be required to provide a fitness-for-duty certificate prior to returning to work. If required, you will be notified in writing when AA Medical approves your request for FMLA Leave.

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.

Maintaining Your Current Address

You are responsible for maintaining your current permanent **and** alternate mailing address on file with the Company to receive important Company and tax information. To update your permanent and/or alternate mailing address, you must sign into *Jetnet* and click on "Update My Contact Info" on the *Jetnet* homepage.

- **AA Flight Attendants** – Updating your address in *Jetnet* will not affect your address in DECS or on the Flight Service Web site. You must contact your manager to complete your address change for those listings.

Misrepresentation

Misrepresentation of any kind in your application for and/or use of FMLA Leave is a direct violation of the American Airlines Rules of Conduct, 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. However, there are two circumstances in which you may qualify for holiday pay. Please refer to your Collective Bargaining Agreement or the Employee Policy Guide to determine if you will be eligible for holiday pay during a FMLA-related absence.

Paid Leave Substitution

American Airlines requires the use of paid leave concurrently with FMLA Leave as follows:

- Vacation accrued in the previous calendar year for use in the current year must be used concurrently with FMLA Leave if taken to provide care for an eligible family member, or for the birth, adoption, or foster care placement of a child. When your vacation is exhausted, you may then choose to use any other pay options available to you, such as Flex Vacation, PV Days, or Compensatory time, or choose to continue the FMLA Leave as unpaid.

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2. Available paid sick time must be used concurrently with FMLA Leave if taken for your own serious health condition**. Any unused paid sick time is retained for use upon your return to work. When paid sick time is exhausted, you may then choose to use any other pay options available to you, such as paid vacation, Flex Vacation, PV Days, or Compensatory time, or choose to continue the FMLA Leave as unpaid.

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

Paid Sick Time Accrual

You will not accrue paid sick time during an unpaid FMLA Leave. However, your unused paid sick time is retained for use upon your return to work.

Paid Work While on FMLA Leave

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

Periodic Reports to Your Manager

During your FMLA Leave, you should maintain contact with your manager regarding your status. If the circumstances of your FMLA Leave change and you are able to return to work earlier than the designated end date, you are required to notify your manager at least two work days prior to the date you intend to return to work.

Profit Sharing

Profit sharing will be paid in accordance with the plan provisions.

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.

Retirement Benefit Plan

Pension benefits do not accrue while off payroll on an unpaid FMLA Leave.

State and Municipality Laws

Certain states or municipalities may have their own laws regarding similar types of family care or medical leave.

- **Domestic Partners:** The Family and Medical Leave Act (FMLA) does not include a domestic partner as an eligible family member. However, certain state or local laws may provide similar leaves to care for a domestic partner. When requesting family leave for a domestic partner, you are required to provide appropriate documentation. For example, you must register your partnership with the California Secretary of State. For California information see http://www.ss.ca.gov/dpregistry/dp_FAQs.htm or www.ss.ca.gov. In Connecticut, www.ct.gov. For the SFO Equal Benefits Ordinance see www.sfgov.org/site/sfhumanrights. See eligible family members in the FMLA Policy on *Jetnet*.

Seniority Accrual

Company seniority continues to accrue during your FMLA Leave. Occupational and Classification seniority accrues according to the applicable labor agreement. Employment seniority will continue to accrue during your FMLA Leave.

Super Saver

Accounts remain on deposit during FMLA Leave and are subject to plan earnings or losses. If you are a member of the Super Saver Plan and have an outstanding loan balance, you must make arrangements to repay the loan with Super Saver Headquarters (800) 345-2345.

Travel Privileges

If you are unable to come to work when scheduled, you are also unable to travel. For ground employees, this means that travel is not allowed from the beginning of your shift on the first day of your absence through the end of your shift on the last day absent. For flight crews, this prohibition applies for the duration of the trip sequences for which you were scheduled to work and is true even if you clear the sick list before the end of your originally scheduled trip sequences. If you have scheduled days off immediately following an absence, you can only travel if you are ready to return to work for your next scheduled shift. This applies to all travel privileges including pass, reduced rate, jumpseat (cockpit/cabin), travel on a fellow employee's passes or any other travel privileges on AA or any other carrier. You may authorize D1, D2, registered companion and D3 travel for your eligible guests during your leave.

When taking FMLA Leave for the birth, adoption, or foster care placement of a child, you are eligible for all travel privileges, including travel on other airlines.

Exceptions to this policy can only be addressed through your manager and must be obtained in writing prior to any travel. If you do not receive written authorization in advance, or if your travel is inconsistent with the reason for the exception, you will be considered to have abused your travel privileges and will be subject to suspension or permanent revocation of travel privileges and/or corrective action up to and including dismissal.

Vacation Accrual

Agents, Reps, Planners, TWU-represented employees, management, and support staff:

If your FMLA Leave is paid, such as SKF, VCF, PVF, FVF, etc, your vacation accrual will not be affected. If your FMLA Leave is unpaid **and** you are removed from active payroll, your vacation accrual will be based on the total number of **all** unpaid leave days taken during the calendar year. At the end of the calendar year, **all** unpaid leave days are added together. During the first 89 calendar days of the combined unpaid leave(s), you continue to accrue vacation. Beginning on the 90th calendar day of the combined unpaid leave(s), your

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vacation accrual will be affected and will depend on the full length of your combined unpaid leave(s). You will accrue vacation only for those months you worked during the year before and after your leave(s) of absence.

AA Flight Attendants:

In order to be eligible to accrue vacation, you must be paid a minimum of four hundred twenty (420) hours during the calendar year or be paid an average of thirty-five (35) hours per active month during the calendar year if you have been inactive during the calendar year due to unpaid status.

Pilots:

If the length of your leave is 89 calendar days or less, there will be no reduction from normal vacation accrual. If all leaves taken during the year total more than 89 calendar days, your vacation accrual will be affected and will depend on the full length of your leave. You will accrue vacation only for those months you worked during the year before and after your leave of absence.

Vacation Purchased

If you are a Flexible Benefits participant and elected to purchase vacation, no changes will be allowed. If you do not continue to pay for this coverage during your leave, deductions will accumulate and will be taken from your paycheck when you return to work. If you do not use your purchased vacation days because your leave continues through the end of the year, under IRS rules, you will lose them unless your manager requests reimbursement by November 30.

Questions and Answers about FMLA Leaves

Q1. Can I verify that AA Medical received my application for FMLA Leave?

A1. Yes, it has never been easier! *Jetnet* contains up-to-date information about FMLA Leave requests. Go to "Benefits and Pay" OR "Policies and Procedures" and click "FMLA Status." When AA Medical receives your application, a case is created within two (2) business days and assigned a unique permanent case number. If your case is not opened within two (2) business days, you should resubmit the information via fax or U.S. Mail.

Q2. My doctor's office says they faxed my application, but AA Medical 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, so check your FMLA status on *Jetnet* frequently.

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

A3. Absolutely! Then be sure to check your FMLA Leave status on *Jetnet* to make sure AA Medical received your forms.

Q4. My doctor's office charges me a fee to complete the paperwork and fax it to AA Medical. 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. Prior to taking the FMLA Certification Form to the treating health care provider, it is also a good idea to check with your manager to determine if you are administratively eligible for FMLA Leave.

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. AA Medical has indicated that my doctor did not answer questions 13a and 13b 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 13a and 13b 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. AA Medical 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. You should notify the Company of your need for leave as soon as possible, but you must do so no later than two (2) calendar days from the date you return to work from an absence. The *Administrative Timelines* are listed on page 1 of this document.

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

A9. Log onto *Jetnet* and review the FMLA Leave policy in the Employee Policy Guide. The policy should answer most of your questions. If you have questions that are not answered within the FMLA Leave policy, contact your manager or leave of absence/FMLA coordinator. You may also contact Employee Services at Live Chat on *Jetnet* or at 1-800-447-2000.

SECTION A

TO BE COMPLETED ONLY BY THE AMERICAN AIRLINES OR AMERICAN EAGLE EMPLOYEE
 Family Medical Leave of Absence (FMLA Leave) Certification Form

1.

Employee's First Name	Employee's Last Name	Employee Number	Base Location

YOUR JOB:

<input type="radio"/> Admirals Club	<input type="radio"/> Credit Union	<input type="radio"/> Flight Attendant	<input type="radio"/> Planner
<input type="radio"/> Agent	<input type="radio"/> Facilities Maintenance	<input type="radio"/> Fueller	<input type="radio"/> Reservations
<input type="radio"/> Aircraft Mechanic	<input type="radio"/> Fleet Service Clerk - Cargo	<input type="radio"/> Management	<input type="radio"/> Support Staff
<input type="radio"/> Auto Mechanic	<input type="radio"/> Fleet Service Clerk - Ramp	<input type="radio"/> Pilot	<input type="radio"/> Other – _____

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

- Yes, this Leave is for my own serious health condition.
- No, I need this leave for the serious health condition of:
- | | | | |
|---------------------------------|---|--|--|
| <input type="radio"/> My Mother | <input type="radio"/> My Father | <input type="radio"/> My Son (Age _____) | <input type="radio"/> My Daughter (Age _____) |
| <input type="radio"/> My Spouse | <input type="radio"/> My Domestic Partner* (per state or municipality leave laws) | | <input type="radio"/> Birth/Adoption/Foster Placement* |

*See FMLA Policy on *Jetnet* for more information on domestic partners and birth/adoption/foster parenting

PRINT NAME OF FAMILY MEMBER WITH SERIOUS HEALTH CONDITION IN BOXES BELOW ↓

--

Family Member's First Name

--

Family Member's Last Name

3. Notification

Your manager or FMLA Coordinator will receive an e-mail with the status of your FMLA Leave request. Please provide your manager's first and last name below:

--

Manager's First Name

--

Manager's Last Name

4. Submitting the Completed Certification Form

You must fax or mail the completed form to AA Medical at the phone number/address listed at the bottom of each page of the form.

Your FMLA Leave status will be updated on *Jetnet* within 2 business days from the date it is received by AA Medical. You **MUST** check the status of your leave on *Jetnet*. To check your status, click "Policies and Procedures," OR "Benefits and Pay" then click "FMLA Status" in the quick links column of the left side of the page. If AA Medical has not created a case for you within 2 business days, they did not receive your forms – resend your forms. Retain your fax transmittal sheets and/or mail receipts.

5. Authorization To Contact Your Treating Health Care Provider

AA Medical may need to contact your treating health care provider to clarify or authenticate the FMLA Certification Form.

PLEASE CHECK ONLY ONE:

- Permission Granted Permission Denied

6. Acknowledgement (Read carefully before signing below):

By signing this document:

- I acknowledge that I have received, read, and understand pages 1 through 5 of this document and am aware that I can check the status of my FMLA Leave on *Jetnet* by clicking on "FMLA Status" under "Benefits and Pay" OR "Policies and Procedures".
- I acknowledge that I have not made or will not make alterations to the information documented by the treating healthcare provider.
- I acknowledge that both my permanent and alternate mailing addresses on file with the Company are accurate. **AA FLIGHT ATTENDANTS** – In addition, you also acknowledge that both your permanent and mailing addresses are accurate in DECS and on the Flight Service Website.
- I acknowledge I understand that it is my responsibility to ensure the completed FMLA Certification Form and any additional information requested at a later date is submitted to and received by AA Medical via fax or U.S. Mail within the *Administrative Timelines* listed on page 1.
- I understand that misrepresentation of any kind in my application for and/or use of FMLA Leave is a direct violation of the AA and AE Rules of Conduct, and I will be subject to corrective action, up to and including termination.

Employee Signature

Today's Date

Write first/last name and employee number on the back of each page. **FAX completed form to 817-931-7584 (retain your FAX confirmation sheet) or MAIL to AA Medical FMLA Office, MD 4100, P.O. Box 619616, DFW Airport, TX 75261-9616.**

SECTION B

TREATING HEALTH CARE PROVIDER'S STATEMENT Must be completed by the health care provider of the person with the serious health condition Family Medical Leave of Absence (FMLA) Leave Certification Form

Employee's First Name	Employee's Last Name	Employee Number

12. – 14. Enter the START and END dates of the appropriate type of FMLA Leave in the table containing items 12-14. Only fill in one of the three table columns corresponding to the type of leave that your patient's condition indicates. **The MEDICAL FACTS and TREATMENT REGIMEN (items 10 and 11) on this form must substantiate the type and length of leave selected.**

COMPLETE ONLY ONE COLUMN TO SELECT ONE OF THE THREE TYPES OF LEAVES BELOW ↓

12. Regular/Block FMLA Leave	13. Intermittent FMLA Leave	14. Reduced-Schedule FMLA Leave																																																																								
<p>One-Time Regular/Block FMLA Leave is indicated when the employee is incapacitated and requires a single block of time away from work due to the serious health condition.</p>	<p>Intermittent FMLA Leave is indicated when the employee requires intermittent periods of time away from work due to the serious health condition.</p>	<p>Reduced-Schedule FMLA Leave is indicated when the employee requires a reduced number of hours of daily work due to the serious health condition.</p>																																																																								
<p>Fill in this box ONLY when selecting One-Time Regular/Block FMLA Leave.</p> <p>Start Date</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">MM</td> <td style="text-align: center;">DD</td> <td colspan="4" style="text-align: center;">YYYY</td> </tr> </table> <p>End Date</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">MM</td> <td style="text-align: center;">DD</td> <td colspan="4" style="text-align: center;">YYYY</td> </tr> </table>							MM	DD	YYYY										MM	DD	YYYY				<p>Fill in this box ONLY when selecting Intermittent FMLA Leave.</p> <p>Start Date</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">MM</td> <td style="text-align: center;">DD</td> <td colspan="4" style="text-align: center;">YYYY</td> </tr> </table> <p>End Date</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">MM</td> <td style="text-align: center;">DD</td> <td colspan="4" style="text-align: center;">YYYY</td> </tr> </table> <p>MUST ANSWER BOTH:</p> <p>13A. The <u>frequency</u> of episodes of incapacity, time away from work (i.e., once a week, twice a month, every other month, etc.):</p> <p>_____</p> <p>13B. The <u>duration</u> of episodes of incapacity, time away from work (i.e., 2 to 4 hours, 1 to 2 days, etc.):</p> <p>_____</p>							MM	DD	YYYY										MM	DD	YYYY				<p>Fill in this box ONLY when selecting Reduced-Schedule FMLA Leave.</p> <p>Start Date</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">MM</td> <td style="text-align: center;">DD</td> <td colspan="4" style="text-align: center;">YYYY</td> </tr> </table> <p>End Date</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">MM</td> <td style="text-align: center;">DD</td> <td colspan="4" style="text-align: center;">YYYY</td> </tr> </table> <p>Approximately how many <u>HOURS PER DAY</u> should the employee work?</p> <p>_____ HOURS PER DAY</p> <p><i>Reduced-Schedule FMLA does not apply to Pilots or Flight Attendants</i></p>							MM	DD	YYYY										MM	DD	YYYY			
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15. Treating Health Care Provider's Name (PRINT): _____ License #: _____
 Today's Date: _____ Type of Practice: _____ State (location) of Practice: _____
 Office Phone #: _____ Office Fax: _____
 Best day/times to contact: _____

By signing this form, you are certifying that you are the treating Health Care Provider for this condition and you agree that the AA or AE employee will need to take time off work under the FMLA for a serious health condition.

Treating Health Care Provider's Signature: _____

Write first/last name and employee number on the back of each page. FAX completed form to 817-931-7584 (retain your FAX confirmation sheet) or MAIL to AA Medical FMLA Office, MD 4100, P.O. Box 619616, DFW Airport, TX 75261-9616.

SECTION C

TREATING HEALTH CARE PROVIDER'S STATEMENT ONLY FOR CHILDREN AGE 18 AND OVER

Must be completed by the health care provider of the person with the serious health care condition
Family Medical Leave of Absence (FMLA) Leave Certification Form

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FMLA Leave may be taken to provide care for a son or daughter age 18 or older if that child is "incapable of self-care because of a mental or physical disability."

Definitions:

1. Son or Daughter - a biological, adopted, a foster child, a step-child, a legal ward, or a child of a person standing *in loco parentis*, who is either under age 18, or age 18 and older and 'incapable of self-care because of a mental or physical disability'.
2. Incapable of Self Care - the individual requires active assistance or supervision to provide daily self-care in three or more of the 'activities of daily living' (ADLs) or 'instrumental activities of daily living' (IADLs). Activities of daily living include adaptive activities such as caring appropriately for one's grooming and hygiene, bathing, dressing and eating. Instrumental activities of daily living include cooking, cleaning, shopping, taking public transportation, paying bills, maintaining a residence, using telephones and directories, using a post office, etc.
3. Physical or Mental Disability - a physical or mental impairment that substantially limits one or more of the major life activities of an individual.

To be Completed by the Adult Child's Treating Health Care Provider for this Condition:

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Please fill in the bubble next to the ADLs and/or IADLs, which require the AA/AE employee to assist his/her adult child:

<input type="radio"/> Grooming <input type="radio"/> Hygiene <input type="radio"/> Bathing <input type="radio"/> Dressing <input type="radio"/> Eating <input type="radio"/> Cooking	<input type="radio"/> Paying bills <input type="radio"/> Cleaning <input type="radio"/> Shopping <input type="radio"/> Taking public Transportation <input type="radio"/> Maintaining a residence <input type="radio"/> Using telephones and directories	<input type="radio"/> Using a post office <input type="radio"/> Other (please list below): _____ _____ _____
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Treating Health Care Provider's Name (PRINT): _____ License #: _____

Today's Date: _____ Type of Practice: _____ State (location) of Practice: _____

Office Phone #: _____ Office Fax: _____

Best day/times to contact: _____

By signing this form, you are certifying that you are the treating Health Care Provider for this condition and you agree that the AA or AE employee's adult child is incapable of self care because of a mental of physical disability and the AA or AE employee will need to take time off work under the FMLA to provide care for this adult child.

Treating Health Care Provider's Signature: _____

Write first/last name and employee number on the back of each page. FAX completed form to 817-931-7584 (retain your FAX confirmation sheet) or MAIL to AA Medical FMLA Office, MD 4100, P.O. Box 619616, DFW Airport, TX 75261-9616.