



**Instructions**

This request should be completed by an employee as soon as requirements for leave are known. The request should then be forwarded through supervision and Human Resources for approval.

**Employee Information (Please print)**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Last First Middle

Organization/Division: \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_  
Name Number

Work Address/Mail Code: \_\_\_\_\_

Effective Date of Leave: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Expected Return Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Exempt  Non-Exempt (check one)

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone: (\_\_\_\_\_) \_\_\_\_\_

Reason for Leave: \_\_\_\_\_

*Note: Please see reverse of this form for important information regarding The Family Medical Leave Act of 1993 (FMLA).*

**Employee Acknowledgment**

I understand that the determination of my leave status as either paid or unpaid, and the designation of my leave as Family & Medical Leave Act leave shall be the responsibility of my Human Resources representative in accordance with CSC policy.

I also understand that in the event I do not report to work at the expiration of the above leave or at the end of an authorized extension, if I engage in employment elsewhere (except as specifically provided for in the approval of my leave), or if I have misrepresented any information furnished in support of a request for a leave or an extension, my employment with Computer Sciences Corporation will be terminated in accordance with CSC policy.

I understand that if I am on a medical leave of absence, my employment with CSC will be subject to termination if I fail to provide Human Resources with a doctor's certificate on a monthly basis or if I am unable to return to work after 12 months on a medical leave of absence.

In addition, I understand that during the period of my leave, any employee-paid share of the cost for my selected healthcare plan (s) is due monthly in advance and, should my payment be more than 30 days late, that CSC has the right to terminate my coverage. Furthermore, any payment due to the company as of the effective date of my return to work will be recovered by the Company through a deduction from the first paycheck that I receive after returning from the leave.

I also understand that unless otherwise prohibited by law, in the case of unpaid leaves of absence in excess of 30 calendar days, my reinstatement depends upon the availability, at the time my leave is scheduled to end, of a position for which I am qualified and, in the case of any leave or excused absence for medical reasons, receipt of an appropriate medical clearance, and physician's examination and independent verification, as CSC requests.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Signatures**

Approved

Disapproved

First-level Manager: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Second-level Manager: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Other (as appropriate): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Type(s) of Leave: (to be completed by Human Resources representative)**

- Emergency       Vacation       Educational       Military (Reserve)
- Jury Duty       Verification of Medical       Family/Medical Leave       Personal
- Relocation      Condition/Certification       Medical\*       Special Assignment
- Sick Leave       Witness Duty       Military (Extended)

\* This type of unpaid leave should be used for illness or injury that does not qualify for approval under the Family and Medical Leave Act.

Human Resources: \_\_\_\_\_  Approved  Disapproved Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Reason for Disapproval**

\_\_\_\_\_  
\_\_\_\_\_

# *Family and Medical Leave Act*

## *Summary Information – Request for Leave*

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### **Coverage and Eligibility**

CSC is a covered employer under the Family and Medical Leave Act of 1993 (FMLA), which entitles employees to take up to 12 weeks of unpaid, job-protected leave each year, for specified family and medical reasons. To be eligible for FMLA benefits, an *employee* must have worked for CSC for a total of at least 12 months.

### **Leave Entitlement**

CSC must grant an eligible employee up to a total of 12 workweeks of unpaid leave during any 12-month period for one or more of the following reasons:

- for the birth or placement of a child for adoption or foster care (*must conclude within 12 months of the birth or placement*);
- to care for an immediate family member (spouse, child, or parent) with a serious health condition; or
- to take medical leave when the employee is unable to work because of a serious health condition.

Employees may take FMLA leave intermittently – either in blocks of time, or by reducing their normal weekly or daily work schedule – when medically necessary to care for a seriously ill family member or because the employee is seriously ill and unable to work.

CSC employees receiving FMLA leave will, under most circumstances, be required to use accrued paid leave in accordance with established guidelines governing the use of paid leave before unpaid leave will be provided (e.g., sick leave to care for a child with a serious medical condition or vacation for the adoption of a child). Contact your Human Resources representative regarding your specific situation.

*Serious health condition* means an illness, injury, impairment, or physical or mental condition that involves:

- any period of incapacity or treatment connected with inpatient care (i.e., an overnight stay in a hospital, hospice, or residential medical-care facility);
- any period of incapacity requiring absence of more than three calendar days from work, school, or other regular daily activities that also involves continuing treatment by (or under the supervision of) a health care provider; or
- continuing treatment by (or under the supervision of) a health care provider for a chronic or long-term health condition that is incurable or so serious that, if not treated, would likely result in a period of incapacity of more than three calendar days, *and* for prenatal care.

*Health care provider* means:

- doctors of medicine or osteopathy authorized to practice medicine or surgery by the state in which the doctor practices; or
- podiatrists, dentists, clinical psychologists, optometrists and chiropractors (limited to manual manipulation of the spine to correct a subluxation as demonstrated by X-ray to exist) authorized to practice, and performing within the scope of their practice, under state law; or
- nurse practitioners and nurse-midwives authorized to practice, and performing within the scope of their practice, as defined under state law; or
- Christian Science practitioners listed with the First Church of Christ, Scientist in Boston, Massachusetts; or
- any health care provider from whom an employer's group health plan's benefits manager will accept certification of the existence of a serious health condition to substantiate a claim for benefits; or
- a health care provider listed above who practices in a country other than the United States, who is authorized to practice in accordance with the laws of that country, and who is performing within the scope of his or her practice as defined by law.

### **Maintenance of Health Benefits**

CSC is required to maintain group health coverage for an employee on FMLA leave whenever such coverage was provided before the leave was taken. An employee on FMLA will be required to pay his/her share of the costs of health coverage in advance, every 30 days. Should payment be more than 30 days late, CSC has the right to terminate coverage.

Any payment due to the company as of the effective date of an employee's return to work will be recovered by the company through a deduction from the first paycheck the employee receives after returning to work. In addition, CSC reserves the right to recover monies owed by employees failing to return from FMLA leave.

### **Job Restoration**

Upon return from FMLA leave, an employee must be restored to his or her original job, or to an equivalent job with equivalent pay, benefits and other employment terms and conditions.

In addition, an employee's use of FMLA leave cannot result in the loss of any employment benefit that the employee earned or was entitled to **before** using FMLA leave.

### **Notice and Certification**

Employees seeking to use FMLA leave may be required to provide:

- 30-day advance notice of the need to take FMLA leave when the need is foreseeable;
- medical certifications supporting the need for leave due to a serious health condition affecting the employee or an immediate family member;
- second or third medical opinions and periodic recertifications (at CSC's expense); and
- periodic reports during the FMLA leave regarding the employee's status and intent to return to work;
- a fitness for duty certification prior to returning to work.

*When leave is needed to care for an immediate family member or the employee's own illness, and is for planned medical treatment, the employee must try to schedule treatment so as not to unduly disrupt the employer's operation.*

### **Enforcement**

CSC may not interfere with, restrain or deny the exercise of any right provided by FMLA, nor discharge or discriminate against any individual for opposing any practice, or because of involvement in any proceeding, related to FMLA.

FMLA is enforced, including investigation of complaints, by the U.S. Department of Labor's Employment Standards Administration, Wage and Hour Division. For additional information regarding enforcement, you may contact the nearest office of the Wage and Hour Division, listed in most telephone directories under U.S. Government, Department of Labor, Employment Standards Administration.

### **Further Information**

This summary is provided to inform CSC employees of their rights and responsibilities under the FMLA. If it becomes necessary for you to take a FMLA leave, your Human Resources representative will provide you with specific information about your particular circumstances.