



FMLA: Birth, Adoption, or Foster Care

The Family and Medical Leave Act (FMLA) provides up to 12 weeks of unpaid, job-protected time off for certain qualifying events such as the birth, adoption, or foster care of a child. This document includes the paperwork you need to apply for FMLA, along with a checklist to help you stay organized when applying for and using FMLA.

Learn More

K-C's FMLA Policy provides full details about your rights and responsibilities under the FMLA. The policy is available on @myHR > Total Rewards > Time and Attendance > Leave of Absence Policies.

Note: If you're eligible for FMLA and have available hours, the K-C HR Contact Center will automatically apply FMLA protection to your absences from work if:

- you give birth (your approved maternity leave period to recover from childbirth and time off for bonding immediately following your maternity leave period)
- you're eligible for and use paid parental leave

In these cases, FMLA paperwork is not required. For all other time off related to the birth, adoption or foster care of a child, FMLA paperwork is required.

Get Help / Report FMLA Absences

Contact the K-C HR Contact Center either online using AskHR or by calling 866-444-4516. Representatives are available Monday through Friday from 8 a.m. to 6 p.m. ET.

Applying for FMLA and Reporting Absences	
FMLA Application	<ul style="list-style-type: none"> • You're responsible for completing this form and submitting it to the K-C HR Contact Center. • You're not required to provide any additional documents such as a birth certificate or court orders about adoption or foster care unless requested by the K-C HR Contact Center.
FMLA Eligibility Verification	When your completed FMLA application has been submitted, the K-C HR Contact Center will verify your FMLA eligibility and send notification to you, your Team Leader, HR representative, and site nurse (if applicable).
Reporting Absences	<p>When you're away from work to bond with and care for your child, you're responsible for:</p> <ol style="list-style-type: none"> 1. Reporting your absence to the K-C HR Contact Center no later than the next business day following your absence, and 2. Following your site's call-in procedure. Contact your Team Leader or HR representative if you have questions about your site's call-in procedure.

FMLA APPLICATION

Instructions: This application should be completed by the employee for new FMLA requests and FMLA recertification only. Do not submit this application to report an intermittent absence for an existing FMLA case. Submit the completed application to the K-C HR Contact Center using AskHR, email to askhr.response@kchrcontact.com or fax to 866-386-4645.

Name: _____

Employee ID: _____

Start Date of Leave: _____

Expected Return to Work Date: _____

Is this a request for intermittent leave or a reduced work schedule? Yes ____ No ____

Reason for Leave:

☐ For birth of the employee's child or for placement with the employee of a son or a daughter for adoption or foster care:

Expected Date of Birth or Placement: _____

☐ To care for a spouse, domestic partner, parent or child who has a serious health condition:

Name: _____

Relationship: _____

☐ Because of employee's own serious health condition. Is this a chronic condition? Yes ____ No ____

☐ Because of the illness or injury of employee's immediate family member resulting from service in the Armed Forces

Name: _____

Relationship: _____

☐ To deal with "any qualifying exigency" that arises from employee's family member's active duty in the Armed Forces.

Name: _____

Relationship: _____

If the leave is requested based on a serious health condition (either of the employee or the employee's spouse, parent, or child), the health care provider must complete a Certification of Health Care Provider Form (Document 7). A copy of the form is attached. This certification form must be submitted to the Company prior to the start of the leave unless the serious health condition prevents you from doing so, in which case the form must be provided to the Company as soon as possible after the leave starts and no later than 15 days from today's date. Failure to provide a completed certification within 15 days may result in delay or denial of FMLA leave. If you were unable to submit your medical certification prior to beginning your leave, your leave will be conditionally designated as FMLA and that designation will be confirmed or revoked based on the certification you provide.

INFORMED CONSENT TO RELEASE HEALTH CARE INFORMATION

I authorize the health care provider who completes the certification to disclose to the Company's health care provider information related to the medical condition for which I am requesting FMLA for the purpose of determining the authenticity of the certification or to clarify the certification in order to determine whether my leave qualifies for FMLA. I authorize contact with my health care provider for the purposes of clarification and authentication of information presented on my Certification for Health Care Provider Form or any certification of fitness for duty. Once information is disclosed pursuant to this authorization, it is no longer considered protected health information under the privacy provisions of the Health Insurance Portability and Accountability Act ("HIPAA") and may be subject to redisclosure. However, I do not give permission for other use or disclosure of this information. This authorization will be effective for one year. I understand that I may revoke this authorization at any time, except to the extent the Company or health care provider has already taken action in reliance on it, by providing my written revocation request to Human Resources. I understand that my ability to receive treatment, enroll in my employer's health plan(s) or become eligible for health plan benefits is not conditioned on my signing this authorization.

Employee Signature

Date

Personal Email Address

Home/Cell Phone Number

For unpaid leaves

☐ I wish to take this leave unpaid.

☐ I wish to use paid time (vacation, flex, personal holidays) for this leave. _____ hours/days