

BIRTH AND BONDING CERTIFICATION

Employee name: _____ ID _____
First Middle Last

Legal name of the child (if known) _____
First Middle Last

Estimated date of birth/adoption/custodial placement: _____
(MM/DD/YYYY)

Relationship to the child:

Biological/Step Parent

Foster Parent

Adoptive Parent

I attest that I am the parent of the above child and that my leave is used for birth and bonding with the child.

I understand that I may be required to produce documentation such as a birth certificate and/or court documentation supporting the above.

Dates requesting (approximate) _____

This form must be completed and returned to HR/ OHN within 15 days of receipt. This form is for Birth and Bonding only. If FMLA for a medical reason is needed, you must request and have a separate FMLA Certification Form completed.

Employee Acknowledgement:

I certify that all of the information provided by me on this form is accurate and true to the best of my knowledge. I realize that the providing of false information on this form is falsification of a company document and could result in formal corrective action or separation of employment. My signature below authorizes my employer, Medic, to obtain any and all information that is necessary to determine the eligibility of this request for leave.

Employee Signature

Date

You may be eligible for Paid Family Leave if you are on approved FMLA and need to take time to bond with a new child or to care for a seriously ill child, parent or spouse. For more information please review Policy 4.8 in the Employee Handbook or contact a member of Human Resources at HumanResources@medic911.com. It is the employee’s responsibility to advise the Human Resources Department **within 31 days** of a birth/adoption (qualifying family status change) if a dependent needs to be added to medical, dental or vision coverage. **After the 31 day period**, dependents cannot be added. Additional verification will be required through our AON Hewitt.