

NORTHWEST AIRLINES – FORM C
Documentation of Family Leave Request

BIRTH, ADOPTION or FOSTER CARE

NWA Employee – complete Section I

SECTION I

1. Employee Name _____ 2. Employee No. _____
3. Case Number _____ 4. Date Form obtained by Employee _____
5. Employee's signature _____

NWA EMPLOYEE – complete Sections II

SECTION II

Please read the following statements:

- An eligible employee may take Family Medical Leave (FML) consistent with Northwest Airlines' Family Medical Leave policy and practices for the birth of a son or daughter, to care for his or her newborn child (i.e., "bonding"), for placement with the employee of a child for adoption or foster care, and/or to care for his or her newly placed child (i.e., "bonding").
- With regard to Northwest Airlines' FML policy, foster care is defined as 24-hour care for a child in substitution for, and away from, his or her parent(s) or guardian. Such placement involves agreement between the State and foster family that the foster family will take care of the child. Although foster care may be with relatives of the child, State action is involved in the placement of the child.
- FML for bonding following the birth or placement of a child may only be taken on a continuous basis and must be completed within 12 months of the date of the birth or placement.
- FML may be granted before the actual placement or adoption of a child where absence from work is required in order for the placement for adoption or foster care to proceed. Examples of activities in which an employee may be required to participate in order for placement of a child for adoption or foster care to proceed include counseling sessions, court appearances, consultation with an attorney, consultation with a doctor representing the birth parent and physical examination.
- An employee approved for FML to participate in a required activity in order for placement with the employee of a child for adoption or foster care to proceed must consult with his or her manager and attempt to schedule his or her absence so as not to disrupt the operation.
- In general, the first six weeks of the qualifying leave period for an employee who has given birth is considered leave for "an employee's own serious health condition". An employee who is requesting FML for prenatal care and/or absence immediately after the birth of a child should obtain Form A from her manager and request that her health care provider complete the necessary information in order to process the FML request related to this reason for leave. Additional leave of absence from work following the serious health condition period after the birth would generally be considered "bonding" and Form C should be completed in order to process a request for further absence from work for parent-child bonding.

Please complete the following information:

I am requesting absence from work for the following reason(s) - please provide all applicable information:

7. Birth of a child

- To attend the birth of my son or daughter

Expected or Actual Date of Birth ____/____/____

- To care for my newborn child (leave period must be continuous and completed within 12 months of birth):

Requested Leave Start Date ____/____/____ Requested Leave End Date ____/____/____

8. Placement of a Child for Adoption or Foster Care

Expected or Actual Date of Placement ____/____/____

- Pre-placement adoption or foster care activity for the following reason(s) - check all that apply and provide the date of the activity and the amount of leave time requested for each specified activity/date, e.g., X Appear in court: 2 hrs on 05/19/03:

___ Attend counseling session: _____

___ Appear in court: _____

___ Consult with attorney: _____

___ Consult with doctor representing birth parent: _____

___ Attend a physical examination _____

___ Other (specify) _____

- To care for my newly placed child (leave period must be continuous and completed within 12 months of placement):

Requested Leave Start Date ____/____/____ Requested Leave End Date ____/____/____