

# Family Leave Request

## Leave Request Form



This request should be made at least 30 days in advance of the date in which you wish to start Family Leave. Further information on Family Leave can be found on [www.myMPCbenefits.com](http://www.myMPCbenefits.com).

- Inform your Supervisor and Human Resources regarding the dates you plan to take Family Leave for coverage planning purposes.
- Employee completes and signs this Family Leave Request Form and submits to Absence Management.
- Return WH-380-F paperwork, if applicable, to Absence Management.

### **Employee Information (to be completed by Employee)** PLEASE PRINT

Employee Name:	Employee Number:
Phone Number:	Date:
Supervisor:	Human Resource Contact:

### **Family Leave Requested to Care for a Family Member with a Serious Health Condition**

- Spouse       Child       Parent
- Other Dependent Household Member/Individual (employee must file Certification of 'Other' Dependents)
- Domestic Partner (employee must file Certification of Domestic Partner Relationship)

Full Name of Family Member: \_\_\_\_\_

Date of Birth of Family Member: \_\_\_\_\_

*While leave is expressed in weeks, it will be administered in average hours based on the employee's normal work week.*

- I am requesting my leave be taken in a consecutive increment.

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_    End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_    Return Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

- I am requesting my leave to be taken intermittently.

- I am requesting \_\_\_\_ days of vacation.

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_    End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_    Return Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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### Integration with the Family Medical Leave Act (FMLA)

- This program supplements your FMLA (and/or other comparable state and local laws) benefits, if available, but does not supersede FMLA (and/or other comparable state and local laws) notice requirements.
- If you are eligible for leave under FMLA (and/or other comparable state and local laws) due to a serious health condition of a family member, your qualified FMLA leave period (and/or other comparable state and local leave period) will run concurrently. In no case will the total amount of leave, whether paid or unpaid, granted to the employee under the FMLA exceed 12 weeks during the rolling 12-month FMLA period.
- Follow your regular reporting process for FMLA and contact local Human Resources for questions about requesting FMLA.

### Employee Certification

- I certify that I understand my rights and responsibilities as an Employee in order to use Family Leave.
- The information provided on this form is accurate and complete.
- I certify I have reviewed my proposed schedule with my supervisor and Human Resources. My supervisor and Human Resources have approved my requested work.
- I understand that providing false or misleading information in connection with Family Leave can result in disciplinary action, up to and including termination.

Employee Signature:	Date:
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Send the completed form and/or verification documents to:

**Marathon Petroleum - Absence Management**  
**539 South Main Street, Room D-03-126**  
**Findlay, OH 45840**  
**Or by email to**  
**[HelpBenefitsFMLA\\_Leaves@MarathonPetroleum.com](mailto:HelpBenefitsFMLA_Leaves@MarathonPetroleum.com)**  
**or by fax to 419-421-3057**