

# Family and Medical Leave Act (FMLA) policy

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These guidelines apply to regular domestic U.S. team members. Internationally based team members should refer to the policies for their region.

## Resources

[Applying for family and medical leave under FMLA](#)

[FMLA Certification form](#)

This policy applies to team members of American Airlines, Inc. and US Airways, Inc. (referred to collectively as the "Company"). This policy provides notice to team members of their rights and responsibilities under the FMLA and outlines the processes by which team members can apply for authorized leave under the FMLA.

The Company will provide job-protected leave for FMLA eligible team members. Eligible team members (except flight crew) are entitled to up to a total of twelve (12) work weeks of leave in a twelve (12) month rolling backward period (measured backward from the date a team member uses any FMLA) for a qualifying reason. Eligible flight crew team members are entitled to up to 72 days of FMLA leave during any 12-month period for one, or more of the FMLA qualifying reasons. The flight crew entitlement is based on a uniform six-day workweek for all airline flight crew team members, regardless of time actually worked or paid, multiplied by the statutory 12-work week entitlement for FMLA leave.

## Qualifying reasons for FMLA at the company

- For the birth of a son or daughter, and to care for the newborn child;
- For placement with the team member of a son or daughter for adoption or foster care;
- To care for the team member's spouse, same-sex domestic partner (if the requirements of the Company's Domestic Partner Benefits Program are met), son, daughter, or parent with a serious health condition; and,
- Because of a serious health condition that makes the team member unable to perform the functions of the team member's job.

## FMLA military leave and military caregiver leave

The Company will also provide up to twelve (12) workweeks of job-protected leave to eligible team members because of a "qualifying exigency" while the team member's spouse, child, or parent is on active duty or called to covered active duty status, or has been notified of an impending call or order to covered active duty.

Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible team members to take up to 26 weeks of job-protected leave during a single 12-month period to care for a covered service member ("Military Caregiver

Leave"). Eligible flight crew team members are entitled to 156 days of Military Caregiver Leave during a single 12-month period to care for a covered service member with a serious injury or illness.

A covered service member is:

- a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status or is otherwise on the temporary disability retired list, for a serious injury or illness incurred in the line of duty on active duty or
- a veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible team member takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness. In addition to a spouse, child, or parent, this leave will also cover the team member if he or she is "Next of Kin."

**Military caregiver leave is not in addition to the standard twelve (12) weeks of FMLA.**

## **Team member eligibility for FMLA leave**

For time away from work to be designated as FMLA covered, you must meet the eligibility requirements that apply to your leave request. You must also submit documentation within the required administrative timelines. In circumstances where the Company obtains sufficient information to designate the leave as FML, FMLA eligibility will be determined and designated as applicable.

You are administratively eligible for FMLA leave if you meet all of the following requirements:

- You are a regular or temporary full or part-time team member of the Company who works in a location in the United States, or in any territory or possession of the United States (you need not work in a location with 50 or more team members); and
- You have been employed by the Company for at least twelve (12) months on the date on which any FMLA leave is to begin; and
- You (except flight crew team members) have worked a minimum of 1,250 hours during the twelve (12) month period immediately preceding the commencement of the leave. Flight crew team members must have worked or been paid for not less than 60 percent of the applicable monthly guarantee and worked or been paid for not less than 504 hours (the 504 hours do not include sick or medical leave, or vacation time during the previous 12 month period).

## **What is a "serious health condition" for purposes of FMLA?**

FMLA defines six (6) categories in which a medical condition is deemed a "serious health condition" for purposes of FMLA Leave. These six (6) serious health condition categories are listed below.

A serious health condition is an illness, injury, impairment or physical or mental condition that involves one or more of the following:

- Inpatient care - means an overnight stay in a hospital, hospice, or residential medical care facility, including any period of Incapacity or any subsequent Treatment in connection with such inpatient

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care. "Incapacity" means the inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefrom, or recovery therefrom.

- Throughout this policy, "Treatment" includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical, eye, or dental examinations.
- Incapacity And Treatment - A period of Incapacity of more than three (3) consecutive full calendar days and any subsequent Treatment or period of Incapacity relating to the same condition that also involves:
  - Treatment two or more times (within 30 days of the first day of Incapacity, unless extenuating circumstances exist) by a health care provider, by a nurse under direct supervision of a health care provider, or by a provider of health care services (i.e., physical therapist) under orders or referral by, a health care provider; OR
  - Treatment by a health care provider on at least one occasion, which results in a regimen of continuing treatment under the supervision of the health care provider.
- The Treatment by the health care provider must be an in-person visit which takes place within 7 days of the first day of Incapacity.

A "regimen of continuing treatment" includes, for example, a course of prescription medication (i.e. an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition (i.e. oxygen). A regimen of continuing treatment does not include the taking of over-the-counter medications such as aspirin, antihistamines, or salves, or bed rest, drinking fluids, exercise, and other similar activities that can be initiated without a visit to a health care provider.

**Pregnancy or prenatal care** - Any period of Incapacity due to pregnancy, or for prenatal care. (This may include severe morning sickness).

**Chronic conditions requiring treatment** - Any period of Incapacity or Treatment for such Incapacity due to a chronic serious health condition which is one that:

- requires periodic visits, defined as at least twice a year, for Treatment by a health care provider, or by a nurse under direct supervision of a health care provider;
- continues over an extended period of time (including recurring episodes of a single underlying condition); and
- may cause episodic rather than a continuing period of Incapacity (for example, asthma, diabetes, epilepsy, etc.).

**Permanent or long-term conditions** - A period of Incapacity which is permanent or long-term due to a condition for which Treatment may not be effective. You or your family member must be under the continuing supervision of, but need not be receiving active Treatment by, a health care provider. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.

**Conditions requiring multiple treatments** - Any period of absence to receive multiple Treatments (including any period of recovery) by a health care provider or by a provider of health care services under orders of, or

on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of Incapacity of more than three (3) full consecutive calendar days in the absence of medical intervention or Treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), or kidney disease (dialysis).

## General exclusions

The following are generally not considered to be serious health conditions:

- routine physical, eye, or dental exams;
- a regimen of continuing treatment such as taking over-the-counter medications, bed rest, or exercise that can be initiated without seeing a health care provider;
- cosmetic treatment or treatment for infertility (unless inpatient hospital care is required or complications develop);
- unless complications arise, common cold, flu, earache, upset stomach, minor ulcers, headache (other than migraine); or
- unless complications arise, routine dental, orthodontic, or periodontal disease.

## Eligible family members for FMLA leave

Eligible family members for purposes of FMLA include

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- Child - Your natural, step, adopted, or foster child, your legal ward, or any child to whom you stand in loco-parentis. This includes (1) children under 18, or (2) a child age 18 or older if the child is incapable of self-care due to a physical or mental impairment at the time that FMLA leave is to begin.
- Family Service Member - Your spouse, parent, adult child (son or daughter), or nearest blood relative.
- Parent - Your biological, adoptive, step or foster parent, or any other individual who stood in loco-parentis to you. You may not take FMLA Leave to care for your parent-in-law.
- Spouse - A legally married couple. Although FMLA defines a "spouse" as a husband or wife as defined or recognized under State law for purposes of marriage in the state where the team member resides, including common law marriage in states where it is recognized, the Company has extended this definition to all legally married couples regardless of gender or state of residence.
- Domestic Partner (DP) - The federal FMLA does not include DP as an eligible family member. However, the Company includes a same-sex DP as an eligible family member if the team member has complied with the requirements of the Company's Domestic Partner Benefits Program. In addition, some state laws allow eligible team members to take an equivalent leave to provide care for a same-gender DP or opposite-gender DP. Check with your HR Leader if you have questions.

## Procedure to request FMLA

When FMLA Leave is needed, you are required to notify the Company and provide certification of the reason for which you are requesting FMLA Leave. For additional details on the processes to request a leave and to obtain Company provided forms, you may go to Jetnet or Wings.

## **Timeline to notify the company of your need for FMLA leave**

Team members must provide at least 30 days advance notice of the need to take FMLA leave if the need for the leave is foreseeable based on an expected birth, placement for adoption or foster care, planned medical treatment for a serious health condition of the team member or of a family member, or the planned medical treatment for a serious injury or illness of a covered service member. When 30 days' notice is not practicable, the team member must provide notice as soon as practicable and generally must comply with the Company's normal call-in procedures.

When planning medical treatment, team members must make a reasonable effort to schedule the treatment so as not to disrupt unduly the operations of the Company subject to approval by the team member's health care provider.

## **Timeline to provide medical documentation**

Team members must provide sufficient information for the Company to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave within 17 calendar days of the date requested. Sufficient information may include that the team member is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provide, or circumstances supporting the need for military family leave. Team members must also inform the Company if the requested leave is for a reason for which FML was previously taken or certified.

The Company has created a FMLA Certification Form to simplify the leave request process. The documentation should provide all of the necessary information to process the request for leave. The form provided by a health care provider (as "health care provider" is defined by FMLA) must be complete and sufficient. A certification is considered incomplete if one or more applicable entries have not been completed. A form is considered insufficient if it is complete, but the information provided is vague, ambiguous, or non-responsive. Absent unexpected and/or unusual circumstances, the form must be received by the deadline.

If adequate certification is not timely received, the FMLA request may be delayed or, where appropriate, denied.

If the absence for which FMLA is being requested has already occurred and a complete and sufficient certification or medical documentation is not provided in a timely manner, the FML request may be denied and a team member may be subject to appropriate discipline for attendance. Ultimately, it is the team member's responsibility to ensure that the completed medical documentation is received by the Company within the administrative timelines.

## **Timeline to provide additional information**

If the information on the FMLA Certification Form or medical documentation that an team member submits is determined to be incomplete or insufficient, the team member will generally be allowed to resubmit the documentation with all deficiencies corrected within fifteen (15) calendar days from the date the information is requested. Failure to correct the deficiencies within the time noted may result in the request for FML being delayed or denied.

## **Timeline to provide notice of extension of a block leave**

If it is necessary for an team member to take more leave than originally anticipated, the team member must provide reasonable notice, i.e. within two business days, of the changed circumstances where foreseeable.

## **Baby bonding leave**

If the team member is eligible for FML, he or she may be eligible for "Bonding Leave." This is to be with a healthy newborn child during the 12-month period beginning on the date of birth. Submit the team member page of the [Family Certification form](#) and certification of birth 30 days prior to the date you want baby bonding to begin.

Bonding leave is also available to a team member for placement with the team member of a son or daughter for adoption or foster care. This may include leave before the actual placement or adoption of a child if an absence from work is required for the placement for adoption or foster care to proceed (i.e. if the team member is required to attend counseling sessions, appear in court, or consult with his or her attorney or the doctor representing the birth parent, submit to a physical examination, or travel to another country to complete an adoption).

Leave for bonding must be taken within the first twelve (12) months of the birth or placement of the healthy child. Leave taken after the birth or placement of the child may only be used in one (1) block of time, not on an intermittent basis.

## **INJURY-ON-DUTY (IOD) and FMLA LEAVE**

If your IOD meets the serious health condition criteria under FMLA and you administratively qualify, your work-related injury will be coded IOD/FMLA concurrently.

## Short Term Disability (STD) and FMLA Leave

If your STD meets the serious health condition criteria under FMLA and you administratively qualify, your short term disability will be coded STD/FMLA concurrently.

## FMLA intermittent leave

FMLA Intermittent leave is leave taken in separate periods of time due to a single illness or injury, rather than for one continuous period of time. Intermittent leave will be accounted for using an increment no greater than the shortest period of time used to account for sick leave (with the exception of flight crews). For flight crew team members, intermittent leave is accounted for in full days. For example, if a flight crew team member needs to take FML for a 2-hour physical therapy appointment, the flight crew team member will be charged a full day of FML.

Designations for intermittent FML will include specified frequency and duration of the leave. The frequency describes how often you or your eligible family member could have a flare-up or require an office visit. The duration describes how long the flare-up or office visit could last. i.e. Up to 1 episode per month lasting up to 2 days per episode.

For team members requesting to take FML on an intermittent basis, there must be a medical need for the leave and it must be that such medical need can be best accommodated through an intermittent schedule. Team members approved to take intermittent FML must attempt to schedule their leave so as not to disrupt the needs of the operation or the leave request may be delayed or denied. If a team member needs intermittent leave or leave on a reduced leave schedule that is foreseeable based on planned medical treatment for the team member, a family member, or a covered service member, including during a period of recovery from one's own serious health condition, a serious health condition of a spouse, parent, son or daughter, or a serious injury or illness of a covered service member, the Company may require the team member to transfer temporarily, during the period that the intermittent schedule is required, to an available alternative position for which the team member is qualified and which better accommodates recurring periods of leave than does the team member's regular position.

**An FML episode:** The period of time from when a team member calls out for a designated FMLA leave to the time the team member returns to work from the designated FML.

## Reduced work schedule

Reduced work schedule leave reduces a team member's usual number of working hours per scheduled workday or workweek.

For example: From an 8 hour workday to a 6 hour workday.

## **Employer notification requirements**

Covered employers must inform team members requesting leave whether they are eligible under FMLA. When a team member requests FMLA, he or she will be notified of his or her eligibility to take FMLA leave within five (5) business days of the request, absent extenuating circumstances. If you are eligible you will be informed of any additional information required as well as your rights and responsibilities. You will also be informed of the amount of leave that will be counted against your leave entitlement.

The Company will provide the team member with a designated start and end date. Time used under designated FMLA will count against your annual FMLA Leave allotment of up to 12 weeks per rolling calendar year. Absences that do not fall within your designated start and end dates, or any time which exceeds your annual FMLA allotment or absences that are for other reasons will not be coded as FMLA Leave and may be considered an attendance occurrence under the applicable attendance policy unless alternative leave options are available.

If you are not eligible for FMLA, you will be notified of the reason for the ineligibility. If not eligible for FMLA, you may qualify for other types of leave including some state-specific leaves. See your human resources leader or leave administrator with any questions regarding state leaves.

## **Incomplete or insufficient certifications**

If the information on the certification or medical documentation that a team member submits is determined by the Company to be incomplete or insufficient (vague, ambiguous or non-responsive), the team member will be allowed to resubmit the certification form with all deficiencies corrected within fifteen (15) calendar days from the date the team member is notified of the deficiencies. Failure to correct the deficiencies within the time noted may result in the request for FMLA being delayed or denied.

The case manager will provide specifics as to which items from the FMLA Certification Form are incomplete or insufficient. The team member will be responsible for the successful submission of all required forms.

## **Company initiated recertification**

If asked by the Company, you may be required to recertify your designated FMLA leave. Recertification must be provided at your expense and must be submitted no later than fifteen (15) calendar days from the date you are asked to recertify.

## **Medical clarification and authentication**

In some cases, authorized personnel may contact the health care provider for purposes of clarification or authentication.

## **Second or third opinion**

If the Company has reason to doubt the validity of a medical certification, it may require a second opinion from a health care provider prior to designating or not designating your completed FMLA Leave request. The Company may require a third medical opinion, which is final and binding. The Company will pay the associated expenses.

## **Changes to full-time or part-time status**

If a team member transitions from full-time status to part-time status, or part-time status to full-time status (for reasons other than FMLA, and prior to the notice of need for FMLA leave), the team member should notify the Absence & Return Center so that the hours worked under the new schedule are used to adjust the team member's FMLA balance.

## **Return to work information**

### **Equivalent position pay**

A team member who returns from FML will be allowed to return to the same position he or she held when the leave commenced or to an equivalent position with equivalent benefits, pay, and other terms and conditions of employment. A team member has no greater right to reinstatement or to other benefits and conditions of employment than if he or she had been continuously employed during the FML period. For example, a layoff while a team member is on FMLA will be applied to the team member as if he or she had not taken the FML.

### **Fitness-for-duty certificate**

Team members may be required to submit a fitness-for-duty certification from the team member's health care provider before being allowed to return to work from FML.

## **Other important information while on leave**

### **Compensation during leave**

Although FML is unpaid, based upon the Company's existing leave procedures, the receipt of accrued sick pay, vacation pay, or holiday pay while on a leave of absence may be required or allowed. In order to use paid leave for FML, team members must comply with the Company's normal paid leave policies.

The Company requires team members who are not covered by a collective bargaining agreement (CBA) to use paid leave concurrently with FML as follows:

- Accrued paid sick time must be used concurrently with FML if taken for the team member's own serious health condition.
- Accrued vacation must be used concurrently with FML if taken to provide care for an eligible family member with a serious health condition, or for the birth, adoption or foster care, placement of a child or for Military FMLA Leave for a family service member.
- Team members covered by a CBA should consult their specific CBA for requirements with respect to using paid leave concurrently with FML.

## **Benefit coverage during leave**

A team member approved for FML is entitled to receive continued health insurance coverage under the same terms and conditions as if the team member had continued to work. For the duration of the FML and for certain periods of time while on a medical leave of absence, a team member is eligible to continue coverage under any "group health plan" (including medical, dental, and vision plans) provided that the team member continues to make payments of the team member contribution of the premium in a timely manner.

If the team member commences a leave of absence due to a personal disability and is covered under a Short Term Disability (STD) or Long Term Disability (LTD) plan, the team member can file a disability benefit claim by contacting the disability provider.

## **Travel privileges while on leave**

In general, if you are unable to come to work when scheduled, you are also unable to travel. Please see the travel sections on Jetnet for details regarding travel privileges while on leave.

## **Employment outside of the company**

Outside employment while on a leave of absence must be approved by your Leader and the People Department. Failure to get approval may result in discipline up to and including termination.

## **FMLA designated absences and state/local leave laws**

To the extent consistent with applicable law, FMLA designated absences will count toward a team member allotment of time off under state or local laws that provide time off for personal illness or the care of a sick family member.

## **Acknowledgement**

- Team members requesting Family Medical Leave (FML) acknowledge that the information provided is accurate and true;

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- Team members must notify the Company of any changes in the information or circumstances of the FML;
- Team members understand that to the extent anything in this policy varies from the FMLA, as amended from time to time, the FMLA will apply.

## Disclaimer

This policy is provided for informational purposes only and does not form a contract or purport to give legal advice. The Company retains the sole discretion to interpret the provisions of this policy and to depart from those provisions if the Company determines that such action is warranted.

## Unlawful acts by employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

## Additional provisions

A team member may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer. FMLA does not affect any Federal or State law prohibiting discrimination or supersede any State or local law or CBA which provides greater family or medical leave rights.

## FMLA related terms:

- Authentication - Providing the health care provider with a copy of the certification and requesting verification that the information contained on the certification form was completed and/or authorized by the health care provider who signed the document.
- Certification - Required documentation that must contain complete, legible and unambiguous information that supports the need for FMLA leave. The Company recommends the required information be submitted on the Company-provided forms that may be found on Jetnet or Wings.
- Block Leave - Leave taken in a continuous "block" of time. This type of leave is typically used for required surgeries, hospitalizations, single episodes of acute incapacity and treatment and other events that have a definitive start date and estimated end date.
- Child - A biological, adopted, or foster child, a step-child, a legal ward, or a child of a person standing in loco parentis who is either under age 18 or age 18 or older and incapable of self-care because of a mental or physical disability (at the time that FMLA leave is to commence).
- Clarification - Contacting the health care provider to understand the handwriting on the medical certification or to understand the meaning of a response. Health care providers will not be asked for additional information beyond that required by the certification form.
- Foreseeable Leave - Where the employee has knowledge of the need for leave and an approximate date when the need for leave will begin in advance of the leave start date.
- Health Care Provider - a doctor of medicine or osteopathy who is authorized to practice medicine or surgery (as appropriate) by the State in which the doctor practices or any other person determined

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by the Secretary to be capable of providing health care services. This may include a chiropractor provided the treatment consists of manual manipulation of the spine to correct a subluxation as demonstrated by X-ray to exist. For others capable of providing health care services see 29 CFR § 825.125.

- In Loco Parentis - Includes those with day-to-day responsibilities to care for and financially support a child, or, in the case of a team member, who had such responsibility for the team member when the team member was a child. A biological or legal relationship is not necessary.
- Next of Kin of a covered service member - (Used for Military Caregiver Leave) The nearest blood relative other than the covered service member's spouse, parent, son, or daughter, in the following order of priority: blood relatives who have been granted legal custody of the covered service member by court decree or statutory provisions, brothers and sisters, grandparents, aunts and uncles, and first cousins, unless the covered service member has specifically designated in writing another blood relative as his or her nearest blood relative for purposes of Military Caregiver Leave under the FMLA.
- Parent - Biological, adoptive, step or foster father or mother, or any other individual who stood in loco parentis to the team member when the team member was a son or daughter. The term does not include parents in law.
- Serious Health Condition - An illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the team member from performing the functions of the team member's job, or prevents the qualified family member from participating in school or other daily activities. Subject to certain conditions, the continuing treatment requirement may be met by a period of Incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or Incapacity due to pregnancy, or Incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.
- Spouse -- A legally married couple. Although FMLA defines a "spouse" as a husband or wife as defined or recognized under State law for purposes of marriage in the state where the team member resides, including common law marriage in states where it is recognized, the Company has extended this definition to all legally married couples regardless of gender or state of residence.
- Unforeseeable Leave - Where the team member does not have knowledge of the need for leave and an approximate date when the need for leave will begin in advance of the leave start date.