

CLEVELAND-CLIFFS INC.
LEAVE OF ABSENCE REQUEST (BARGAINING UNIT PERSONNEL) For
Family or Medical Leave

Name	Employee Id No.	Date	Department/Location
Job Title	Hire Date	Schedule: Days, Afternoons, Nights, Swing	

Employee: Complete the following information and send completed form to your local Human Resources Department for processing.

I request a leave of absence from _____ to _____ for the purpose of:
(Date) (Date)

Medical Leave:

- _____ Employee's serious health condition
- _____ Employee's incapacity due to pregnancy, prenatal medical care, or child birth

Family Leave:

- _____ Father's attendance at birth of child
- _____ Care of employee's child following birth
- _____ Placement of child with employee for adoption or foster care
- _____ Serious health condition of employee's child under 18 years (or older if child is incapacitated)
- _____ Serious health condition of employee's spouse
- _____ Serious health condition of employee's parent
- _____ Qualifying exigency related to family member's call or order to active duty or active duty service
- _____ Care of servicemember with a serious injury or illness incurred in the line of duty

My leave request is for a single block of time, or intermittent/reduced work schedule. If intermittent/reduced work schedule, specify requested schedule/time off: _____

I would like to use vacation, my floating holiday, and/or my personal day with this leave.

I understand medical certification may be required for a serious health condition, pregnancy related disability, or if I am requesting intermittent or reduced schedule leave due to medical necessity. Certification may also be required to care for a servicemember with an injury or illness incurred in the line of duty or for qualifying exigency leave. If leave is taken, I can be reached while on leave at:

Telephone _____ Address _____

Employee Signature _____

HUMAN RESOURCES: Determine eligibility and whether leave will be approved, conditionally approved, or denied. Then complete this form and retain original. Within 5 days of receipt of this form, notify employee of eligibility and rights and responsibilities under the FMLA using DOL form WH-381 and WHD Publication 1420. If the employee is eligible and additional information or certification is necessary to approve leave, specify required information or certification on form WH-381 and also provide employee with the required certification. Otherwise, also complete DOL form WH-382 (Designation Notice) and provide a copy to employee.

Number of months worked by employee: _____ Hours worked by employee : _____
(6 months Continuous Service and 625 hours worked in last 12 months is required to be eligible for FMLA).

Amount of FMLA leave used in 12 months prior to start of leave requested: _____

Employee is eligible not eligible for leave under the FMLA.

Leave is approved conditionally approved (additional certification is required).

Leave is not approved because: _____

Signature of Human Resources Representative _____ Date _____