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# Instructions for Care of Newborn Child Leave of Absence (CNC) Application

## New York/New England Bargained for Employees

Please review the Conditions for Leave within the Care for Newborn Child Leave of Absence Guidelines. Your supervisor should review the Conditions for Leave with you before you sign this application. Leaves over 30 calendar days must be entered into Manager's Self Service (MSS) by the employee's supervisor.

Part 1: **Employee Information** Please provide all required information. If you are not sure of the answer to some of the information requested, for example your net credited service date, ask your supervisor.

Part 2: **Request for Leave** Please check whether you're requesting a Care for Newborn Child Leave or an extension of such a leave and provide the dates you would like your leave to begin and end. You can take up to 12 months of Care for Newborn Child Leave within the 12-month period following the birth, adoption or placement of your child. If you are the parent of a newborn child, you must begin your leave within 12 months of the baby's birth. If you are adopting a child under age 18 or becoming a foster parent, you must begin your leave within 12 months of the date of adoption or foster care placement. Regardless of the date you begin your leave, the 12 month guaranteed reinstatement period is calculated from the actual date of birth, adoption or foster care placement.

Part 3: **Acknowledgements** After your supervisor has reviewed the Conditions for Leave with you; you, your supervisor and Director must sign this section.

After completing the application, please make a copy and keep it for your records

If you have any questions, please contact 1-800-638-4228 or send an e-mail to:  
[verizonleavemanagement@Sedgwickcms.com](mailto:verizonleavemanagement@Sedgwickcms.com)

**Application for Care for Newborn Child Leave of Absence  
(New York and New England Bargained for Employees)**

G2518 – CNC  
2017

**Part 1: Employee Information**

Employee Name:	
Employee's EMPLID:	Employee's NCSD:
Employee's Address during Leave:	Employee's Telephone # during Leave:
Department Contact:	Department Contact Telephone #
Supervisor's Name:	Director's Name:

**Part 2: Request for Leave (Please check all that apply)**

- Full Time Leave, to begin on \_\_\_\_/\_\_\_\_/\_\_\_\_ and to continue through \_\_\_\_/\_\_\_\_/\_\_\_\_
- Extension of Leave, to begin on \_\_\_\_/\_\_\_\_/\_\_\_\_ and to continue through \_\_\_\_/\_\_\_\_/\_\_\_\_
- Note: Your Care for Newborn Child Leave cannot exceed 12 months

**Part 3: Acknowledgements**

I hereby apply for a Care for Newborn Child Leave of Absence, in accordance with the Company's Care of Newborn Child Leave of Absence Guidelines and subject to the Conditions for Leave, including that this leave may be counted against my 12 weeks of FMLA annual entitlement. I have read and understand these conditions including:

- the maximum Care for Newborn Child Leave cannot be greater than 12 months.
- parents of newborn children must begin leave within 12 months after the child is born and fathers must provide a copy of the baby's birth certificate before leave can begin.
- the parent of an adopted or foster child under age 18 must begin leave within 12 months after the adoption or foster care placement is final and must provide proof of adoption or placement before leave can begin.

Employee Signature:	Date:
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The above employee has applied for a Care for Newborn Child Leave of Absence. I have reviewed the Care of Newborn Child Leave of Absence Guidelines and the Conditions for Leave with the employee.

Supervisor Signature:	Date:
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Director Signature:	Date:
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