

FMLA Request for Care & Bonding

Section 1: Employee Information

Name _____ Employee Number _____

Section 2: Relation to Child

Mother Father

Section 3: Reason for Leave

Birth of my child – born or expected on: _____

Adoption of a child by me – placement date: _____

Foster care placement in my home – placement date: _____

**All time-off for FMLA Care & Bonding must be completed within 12 months of birth/ placement.*

Section 4: Time-Off Policy(s)

Parental Leave PTO (Paid Time-Off) FMLA No-Pay

**If utilizing a combination of eligible time-off policies, please submit your time-off plan (including specific dates for each policy) with the completed FMLA Request for Care & Bonding form.*

Section 5: Type of Absence(s)

Continuous Absence (less than 1 month in length)

Leave Start Date: _____ Leave End Date: _____

Continuous Absence (more than 1 month in length)

Leave Start Date: _____ Leave End Date: _____

Intermittent Absences Reduced Schedule Request

**Intermittent absences and Reduced Schedule requests will require Supervisor approval and reported to Absence Management.*

Section 6: Signature

I understand and agree to the conditions and provisions of the Family/Medical Leave as set forth on this form and the ConocoPhillips Family and Medical Leave policy. I also understand and agree that the Company has the right to interpret, revise, and/or revoke any or all provisions of the ConocoPhillips Family and Medical Leave policy to the extent of any rights beyond those required by law.

Employee Signature _____ Personal Email _____ Date _____

Submit completed form to: absencemanagement@conocophillips.com.

Congratulations on the upcoming addition to your family.
Below is a collection of information to help you as you welcome your new baby.

Benefits

Family and Medical Leave (FMLA) – Job Protection

Employees that have been with the company for at least 12 months and have worked at least 1,250 hours in the last 12 months are eligible for up to 12 weeks of family and medical leave for the birth or placement of a child. A completed Employee Health Report will provide documentation for the mother's leave for birth and recovery. The Request for Care & Bonding form on the reverse side of this page provides the needed documentation for both mothers and fathers to apply for care and bonding leave.

**Please note that some states may have additional programs that could affect the application of federal FMLA.*

Postpartum Leave (STD) – Paid Leave

Pregnancy is considered a serious medical condition for the mother. As a result, birth mothers are eligible for eight weeks of Postpartum Leave, which is paid through ConocoPhillips' Short Term Disability plan, while absent under a licensed health care provider's care for birth and recovery. This leave will run concurrently with Family and Medical Leave for birth and recovery.

Parental Leave – Paid Leave

Provides eligible employees with up to six weeks of paid time off within the 12 month period immediately following the birth or adoption of the employee's child.

Personal Leave of Absence – Extended Leave for special circumstances

Employees that have exhausted Family and Medical Leave may request personal leave of absence for periods of at least one full month up to one year. **Note – personal leave is unpaid and is not a protected leave.**

Birth Mother's Checklist

When a due date has been determined, contact HR Connections at 877-812-7547 to report an FMLA event.

When it becomes medically necessary to miss work for more than 3 days, complete the employee portion of the Employee Health Report (EHR) and have your licensed health care provider complete the remainder of the EHR. Ensure that you follow Company reporting procedures for reporting absences. **Note – the EHR should be submitted per Plan guidelines. Failure to submit the EHR in a timely manner may result in interruption of Postpartum Leave and Family and Medical leave benefits.**

If you will be taking additional leave for Care & Bonding following your postpartum time-off, complete and submit the Request for Care & Bonding form on the reverse of this page.

If you will be adding your baby to your health insurance through ConocoPhillips, contact the Benefits Center at 800-622-5501 no more than 30 days after your baby's birth to request this addition.

Father's and Adoptive Parents Checklist

When a due date or adoption placement date has been determined, complete and submit the Request for Care & Bonding form on the reverse of this page. Contact HR Connections at 877-812-7547 when the baby is born or placed to confirm your first day of leave.

Ensure that you follow local reporting procedures for reporting absences when you begin your leave.

If you will be adding your baby to your health insurance through ConocoPhillips, contact the Benefits Center at 800-622-5501 no more than 30 days after your baby's birth or placement to request this addition.

Contact HR Connections at 877-812-7547 or 918-661-5381 should you have any questions.