



**Metals USA, Inc. Absence Management Service Center  
Leave Of Absence Application Form**

<b>Section A - TO BE COMPLETED BY EMPLOYEE</b>			
Employee Name (First, MI, Last)		Employee ID:	
Employee Phone Number Home: (    )		Work: (    )	
Patient's Relationship To Employee (FMLA and State Leave Requests Only)			
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child - <i>Child's Birth Date:</i> _____			
<input type="checkbox"/> Domestic or Civil Union Partner <input type="checkbox"/> Other: _____			
Employee's Home Street Address		City	State      Zip
Leave Request: (e.g. 01/31/2003)		Last Day Worked:	Intermittent Leave
From    /    /    to    /    /		/    /	<input type="checkbox"/> No <input type="checkbox"/> Yes
Reason for Employee Leave: (If leave is for a family member, explain the care you will provide. If "in loco parentis" status applies, please explain your relationship to the person needing care. "In loco parentis" refers to someone with day-to-day responsibilities to care for and financially support a child, or a person who had such responsibility for the employee when the employee was a child.)			
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<ul style="list-style-type: none"> <li>• I have received and read the Family and Medical Leave Act Notice included in this packet of information.</li> <li>• I have read the Metals USA, Inc. company policies specific to my leave.</li> <li>• I understand I have 20 days to submit FMLA forms for review. In case of a Short-term Disability denial, I have 20 days to submit FMLA forms from the date on the written denial from the STD vendor.</li> <li>• I understand my failure to complete any of the required forms within the specified timeframes above may result in the denial of my leave and discontinuation of pay.</li> <li>• I understand a Fitness for Duty Certification form, if applicable, that includes job restrictions and requests for accommodations must be completed and submitted to my Human Resource Representative prior to my return to active work.</li> <li>• I hereby authorize my employer's designee to contact my or my family member's treating health care provider to clarify or authenticate the medical certification if applicable.</li> </ul>			
<b>EMPLOYEE'S SIGNATURE (Must Sign to Proceed with Leave Request)</b>			<b>DATE (e.g. MM/DD/YYYY)</b>
<b>Manager's Signature (Required for Personal &amp; Non-FMLA Medical Leave Request)</b>			<b>DATE (e.g. MM/DD/YYYY)</b>
<b>Corporate/HR Signature (Required for Personal &amp; Non-FMLA Medical Leave Request)</b>			<b>DATE (e.g. MM/DD/YYYY)</b>

**Metals USA, Inc. Absence Management Service Center**  
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**Phone: 1-866-768-5412**  
**Fax: 1-866-568-6444**