

Employee Leave of Absence Checklist (For Self)

Prior to Leave:

- ☐ Notify your manager of your need for a leave of absence, 30 days prior, if foreseeable
- ☐ Contact your manager/timekeeper to discuss use of paid time during your leave (i.e., sick, PTO, bank time, etc.) *
- ☐ Contact your disability insurance carrier (if applicable)
- ☐ Contact the Railroad Retirement Board (RRB) at 877-772-5772 or at: www.rrb.gov, within 10 days from the first day you want to claim benefits, regarding eligibility of sickness benefits and, if applicable, to supplement the Short-Term Disability income benefit
- ☐ Ensure your manager completes and submits a Request for Leave of Absence/Return from Leave of Absence form (NRPC 3336) to place you on a leave of absence via fax: 202-799-6691 or email: LeaveManagement@amtrak.com
- ☐ Change your voicemail greeting, turn on your Out of Office notification, and provide a point of contact in your absence (if applicable)
- ☐ Complete and return the signed Amtrak Certificate of Health Care Provider's Form by the date indicated in the packet via fax: 202-799-6691 or email: LeaveManagement@amtrak.com

During Leave:

- ☐ Communicate if your need for leave extends beyond the approval period, by submitting an update from your treating physician via fax: 202-799-6691 or email: LeaveManagement@amtrak.com within 2 weeks of your leave end date
- ☐ Ensure that you respond promptly to all requests for additional information. Failure to comply may impact your compensation, benefits, and employee status

Returning to Work:

NOTE - The Return-To-Work process is handled by the Return-to-Work Coordinator in Medical Services. If you should have any questions, please email returntowork@amtrak.com or call 215-349-2389.

- ☐ **Begin the Return-To-Work (RTW) process 2 weeks before your leave ends.** This provides ample time to complete all administrative tasks so you can be cleared to return to the workplace in a timely fashion
- ☐ After being cleared from the period of disability, your treating physician **must** complete the Treating Healthcare Provider's Return to Work Statement in its entirety by faxing to 202-799-6375 or by emailing MedicalServices@amtrak.com
- ☐ Comply with the RTW Drug Screen and/or physical. Any employee out on leave for more than 30 days must have a negative drug test before returning to work. Once Medical Services receives your RTW paperwork, you will be contacted to schedule your drug test.
- ☐ Ensure your manager notifies the return to work coordinator of your return so they can complete the NRPC 3336 to return you from the leave of absence
- ☐ Contact Amtrak Benefits Service Center at 800-481-4887 within 31 days of your return to work to have your Flexible Spending Account reactivated, if applicable

For general information, please contact the HR Employee Resource Center at 1-888-694-7372.

* For Non-Agreement covered employees, any accrued paid time off (PTO) will automatically be deducted before going into an unpaid status.

Note - For employees receiving Short Term Disability Income benefit, any PTO time submitted will be cancelled. Please review your PTO balance upon your return.



National Railroad Passenger Corporation
Amtrak HR Employee Resource Center
405 King Street, Suite 310
Wilmington, DE 19801

AMTRAK SUPPLEMENTAL HEALTHCARE PROVIDER'S STATEMENT OF DISABILITY
TO EXTEND A CONTINUOUS LEAVE

Patient's Name: _____ SAP/Personnel#: _____

Current Mailing Address: _____

Current Phone Number: _____ Email: _____

Supervisor's name: _____ Department: _____

Diagnosis: _____

Date you last examined or treated this patient: _____ Date of next office visit: _____

Reason(s) employee has not yet returned to work:

Is this employee now able to return to work without restrictions?

____ Yes Actual date employee is able to work: _____

____ No Estimated return to work date: _____

PLEASE PROVIDE BELOW AN EXPLANATION AND CLINICAL FINDINGS THAT SUPPORT A CONTINUED ABSENCE FROM WORK.

Explanation: _____

Clinical Findings/Test Results/Procedures:

Treatment Plan (if employee not yet released to work full duty):

Referral to Specialist: _____ Yes _____ No

(If yes, date of referral and doctor's name and specialty): _____

Surgery Indicated: _____ Yes _____ No

(If yes, date of surgery and procedure performed): _____

Has patient reached Maximum Medical Improvement? _____ Yes _____ No

(If yes, please provide date of MMI) _____

Is patient permanently disabled? _____ Yes _____ No

(If yes, please provide date of permanent disability): _____

Certification: I hereby certify that the information provided above is true and accurate to the best of my knowledge and belief. Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud, to obtain benefits or funds from the company or its representatives, or who knowingly accepts benefits or funds to which that person is not entitled may be subject to civil or administrative remedies as well as criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment, or both.

Provider's Name: _____ Signature: _____

Address: _____ Phone: _____

City, State and Zip: _____ Date: _____

(Fax to 202-799-6691 or Email LeaveManagement@amtrak.com. For questions, please call 888-694-7372)

Rev. 10-12-2020



National Railroad Passenger Corporation
Amtrak Medical Services
2955 Market Street
30th Street Station, Mailbox 67
Philadelphia, PA 19104

TREATING HEALTHCARE PROVIDER'S RETURN TO WORK STATEMENT

(Employee complete top section and sign release)

Patient's Name: _____ DOB _____ SAP/Personnel#: _____

Current Mailing Address: _____

Current phone number: _____ E-mail: _____

Job title: _____ Department: _____

Supervisor's name: _____ Supervisor's phone #: _____

First day out of work _____ On the job injury (OJI) Yes _____ No _____

I authorize you to release to Amtrak Medical Services any information pertaining to my medical leave of absence and return to work.

Employee's Signature: _____ Date: _____

Reason for Absence (Include Clinical Findings/Test Results/Procedures):

(Attach copies of relevant reports or office notes if necessary)

Treatment: _____

Surgery: If yes, date and procedure _____

IOP/ PHP Program Yes _____ No _____ Dates: _____

Return to work status:

Actual date of full duty return to work: _____ Estimated RTW if not cleared: _____

Actual date of restricted return to work: _____

Restrictions (indicate if they are permanent or temporary)

Treatment Plan (if employee not yet released to work full duty): _____

Permanently Disabled: Yes _____ No _____

Medications: _____

Certification: I hereby certify that the information provided above is true and accurate to the best of my knowledge and belief. Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud, to obtain benefits or funds from the company or its representatives, or who knowingly accepts benefits or funds to which that person is not entitled may be subject to civil or administrative remedies as well as criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment, or both.

Provider's Name: _____ Signature: _____

Address: _____ Phone: _____

City, State and Zip: _____ Date: _____

(Fax to 202-799-6375 or Email medicalservices@amtrak.com. For questions, please call 215-349-2389)
REV 9-19

MEDICATION SAFETY GUIDANCE: Restricted Medications

Amtrak's strong commitment to safety requires that employees be at their best every time they are at work. It is the responsibility of each employee to ensure that they are physically and mentally fit for duty and free from any potential impairment caused by illicit drugs, prescription drugs, alcohol, over-the-counter medications or supplements.

The purpose for this list of restricted medications is to help you with discussions with your treating healthcare provider so you can minimize risk to your safety and the safety of others from medications. In general, prescription pain medicines, muscle relaxers and sleep aids have these restrictions. These are examples. There may be other medicines that might cause impairment, so it is always important to talk to your doctor about this.

These medicines are not permitted: Spravato (esketamine), medicinal marijuana, CBD products

To ensure workplace safety, the Medications listed below cannot be used within 12 hours of reporting for safety-sensitive duties or while on duty in a safety-sensitive position:

Opiate and Synthetic Opioid Drugs (Not all inclusive, most common medications)		Opiate and Synthetic Opioid Drugs (Not all inclusive, most common medications)	
Generic Name	Brand Names	Generic Name	Brand Names
Butorphanol	Stadol	Alprazolam	Xanax
Fentanyl	Abstra, Actiq, Fentora, Duragesic, Onsolis, Sublimaze	Clonazepam	Klonopin
Hydrocodone extended release	Hysingla ER, Zohydro ER, Roxicodone, OxyIR	Clorazepate	Tranxene Roxicodone, OxyIR
Hydromorphone	Dilaudid, Palladone	Diazepam	Valium
Meperidine	Demoral	Midazolam	Versed
Morphine	Astramorph, Avina, Duramorph, Infumorph, Kadian, MS Contin, MSIR, Oramorph, Roxanol	Lorazepam	Ativan
Nalbuphine	Nubian	Temazepam	Restoril
Oxycodone Extended Release	OxyContin, Dazidox, Oxecta, Oxyfast, OxyIR, Percolone, Roxicodone, Tarquiniq	Triazolam	Halcion
Oxymorphone	Opana	Barbiturates	
Pentazocine	Talwin NX	Generic Name	Brand Examples
Tapentadol	Nucynta	Amobarbital	
Tramadol	ConZip, Rybix, Ultram	Butabarbital	
		Butalbital	Esgic, Fioricet, Fiorinal, Phrenilin

MEDICATION SAFETY GUIDANCE:

Restricted Medications

Other Medicines		Pentobarbital	
Generic Name	Brand Examples	Secobarbital	
Carisoprodol	Soma		

Medicines with 8-hour restrictions:

The medications listed below break down more quickly in your body and can be used up to 8 hours before reporting for safety-sensitive duty and may not be taken while on duty in a safety sensitive position. You are responsible for working with your prescribing health care provider to ensure use of any of these medicines adheres to these restrictions.

Generic Name

Brand Example

Codeine	Tylenol with Codeine, Tylenol #3, Empirin #4
Dihydrocodeine	Panlor DC, Synalgos DC, Zerlor
Diphenhydramine	Benadryl, Tylenol PM, Robitussin PM, ZQuil, and other night time cold and/or pain medicine
Hydrocodone	Vicodin, Hysingla, Zohydro, Norco
Oxycodone	Combunox, Endocet, Endodan, Endocodone, Percocet, Percodan, Roxicet, Tylox
Cyclobenzaprine	Flexeril, Flexepax, Amrix, Therapenzaprine-60 and others
Metaxalone	Skelaxin
Tizanidine	Zanaflex
Methocarbamol	Robaxin, Robaxin 750
Baclofen	Lioresal, Gablofen
Zolpidem	Ambien
Eszopiclone	Lunesta
Zaleplon	Sonata

Medication-assisted Treatment (MAT) for Recovery from Substance Use Disorders

Amtrak recognizes the widespread substance use issues in our society and urges employees to seek treatment. Safety sensitive employees who have been prescribed an opiate to treat a substance use disorder will be required to be cleared to work by a Substance Abuse Professional or Drug Abuse Counselor (SAP/DAC) through Amtrak's Employee Assistance Program (EAP). Amtrak recognizes the importance of these medications in maintaining recovery and will verify that the use of these medicines is consistent with a strong recovery plan.

Examples of these medicines include:

Buprenorphine	Bunavail, Buprenex, Butrans, Suboxone, Subutex
Naltrexone	Vivitrol
Methadone	Dolophine, Methadone

Use of Prescription Stimulants

Prescription stimulants are commonly prescribed for conditions such as Attention Deficit Hyperactivity Disorder (ADHD). These medicines will be identified by urine drug testing and you will need to verify your prescription during the drug testing process. There is no restriction on their use while at work if accompanied by a valid prescription.

If you have questions about any medication use, please call Amtrak Medical Services at 215-349-2389 or email medicalservices@amtrak.com.

13 Tips for Returning to Work Drug and Alcohol-Free

The P.I.E.R. Program, Amtrak's drug and alcohol prevention program, wants you to have a safe and healthy return to work. This means making sure that you return to work drug and alcohol-free. However, those on a medical leave of absence may be more likely to start or add prescription drugs and over-the-counter medications that may get in the way of this goal. We also know that some prescription medications can be abused, and possibly lead to addiction. In addition, you may believe or have been told that marijuana or CBD products are good options to help with your medical condition because they are often advertised as "effective", "legal", "all natural", "non-addictive, or as having "no side-effects." This topic can be very confusing. So, the P.I.E.R. Program has put together 13 tips to help make sure that your temporary leave of absence doesn't become a permanent one.

1. Familiarize yourself with Amtrak's Drug and Alcohol-Free Workplace Policy. A copy can be obtained by emailing hrcompliance@amtrak.com.
2. Inform your doctor, **BEFORE** they prescribe ANY medications, that you work in a safety-sensitive workplace. To get a copy of Amtrak's Restricted Medication's list, email medicalservices@amtrak.com
3. Remember, if you are out on leave for 30 days or more, you must take a return to work drug test. If you are taking prescription medicines that might be detected on a drug test, you will be contacted by the Medical Review Officer (MRO) who will document your appropriate use and report the test to Amtrak as negative.
4. Keep in mind that a positive return to work drug test will result in a mandatory assessment by Amtrak's Employee Assistance Program (EAP) for substance abuse and dependency.
5. Don't forget that, as of January 1, 2020, any other positive drug test (other than a first return to work positive) will result in termination.
6. Avoid the use of CBD products. CBD products are not regulated and may cause you to test positive for marijuana.
7. Remember, marijuana **remains federally illegal** and therefore it's use is prohibited by all Amtrak employees.
8. Talk to your doctor about alternatives to prescription opioid medications - opioids can be highly addictive.
9. Take the time to speak with a licensed EAP counselor, if necessary, to discuss drug and alcohol treatment options by calling 1-844-268-7251, 24/7/365.
10. Seek more information, education and resources on drugs and alcohol by emailing pierprogram@amtrak.com
11. Contact Medical Services at 1-215-349-2389 if you have any questions regarding medications – be sure to leave a detailed message. Messages are routinely monitored.
12. Inform your doctor if you are taking multiple prescription drugs, any over the counter medication, or dietary supplements so they can alert you to any potential complications.
13. Once back at work, if you are impaired for any drug or alcohol related reason, call the P.I.E.R. Program at 1-800-447-2562 to confidentially mark-off and get the help and resources you need. The P.I.E.R. line operates 24/7/365.

EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

LEAVE ENTITLEMENTS



Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within 1 year of the child’s birth or placement);
- To care for the employee’s spouse, child, or parent who has a qualifying serious health condition;
- For the employee’s own qualifying serious health condition that makes the employee unable to perform the employee’s job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee’s spouse, child, or parent.

An eligible employee who is a covered servicemember’s spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer’s normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual’s FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

BENEFITS & PROTECTIONS

ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee’s worksite.

*Special “hours of service” requirements apply to airline flight crew employees.

REQUESTING LEAVE

Generally, employees must give 30-days’ advance notice of the need for FMLA leave. If it is not possible to give 30-days’ notice, an employee must notify the employer as soon as possible and, generally, follow the employer’s usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

Once an employer becomes aware that an employee’s need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

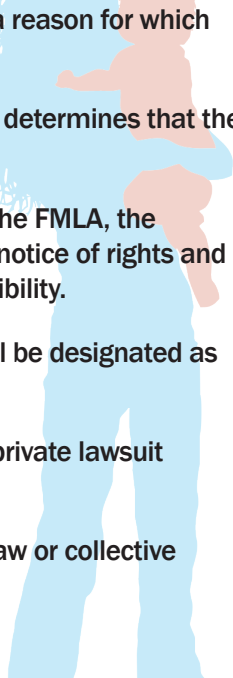
Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

EMPLOYER RESPONSIBILITIES

ENFORCEMENT



For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division

