

**TOYS“R”US MEDICAL LEAVE  
(FOR A TEAM MEMBER’S PREGNANCY OR OWN SERIOUS HEALTH  
CONDITION)**

**REQUEST FOR MEDICAL LEAVE FORM  
AND  
NOTICE OF MEDICAL LEAVE OBLIGATIONS**

<b>TO BE COMPLETED BY TEAM MEMBER</b>	
<p>1. Name of team member (First Name, Middle Initial, Last Name):</p> <p>Employee ID:</p> <p>Team member’s position:</p>	<p>2. Contact Information (phone, email and/or mailing address):</p>
<p>3. Date on which you wish to commence leave</p>	<p>4. Date of expected return to work</p>
<p>5. Are you requesting leave on an intermittent or reduced leave schedule?</p> <p style="text-align: center;"><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p>	<p>6. If 5 is “yes”, please give schedule of when you anticipate you will be unavailable for work.</p>
<p>7. Notice of Medical Leave Obligations</p> <ul style="list-style-type: none"> <li>● I am required to provide medical certification of my own serious health condition or family member's serious health condition within 15 days of my request for leave or as soon as practicable. If my need for leave is foreseeable, my failure to provide timely medical certification may result in the denial of leave until I provide certification. If my need for leave is not foreseeable, Toys“R”Us may deny the continuation of my leave if I fail to provide certification within a reasonable time as requested by Toys“R”Us. In addition, I give Aetna permission to contact my health care provider with questions pertaining to my disability (if applicable).</li> <li>● While on medical leave, if I elect to continue my health coverage, I am required to continue to pay my share of the health coverage premiums. During a paid leave (this includes using PTO), my premium payments will be deducted from my paycheck. At any time my leave is unpaid, I will make my premium payments pursuant to Toys“R”Us’s Direct Bill Process.</li> <li>● I am required to present a Return to Work Medical Certification Form before I will be restored to my employment.</li> <li>● Restoration to my same or an equivalent position is determined by my eligibility for Family and Medical Leave under FMLA, not based on medical leave.</li> <li>● If I fail to return to work at the end of my medical leave period, I will be required to reimburse Toys“R”Us</li> </ul>	

for the portion of my health coverage premiums paid by Toys“R”Us while I was on leave, unless I fail to return because of the continuation, recurrence or onset of a serious health condition or because of other circumstances beyond my control. Premium payments will be deducted from earned, but unused vacation.

- I will be required to provide medical recertification on a reasonable basis as requested by Toys“R”Us and/or Aetna.

8. I hereby agree that while I am on medical leave, I will continue to pay my share of health coverage premiums, unless I elect to discontinue such coverage. I also agree that if I fail to return to work at the end of the leave period, I will reimburse Toys“R”Us for the cost of health benefits provided by Toys“R”Us during my leave, unless I fail to return to work because of the continuation, recurrence or onset of a serious health condition or because of other circumstances beyond my control. I understand I will not be covered for health benefits for the period for which I do not make health care payments. If I am unable to return to work because of a serious health condition, I will provide medical certification from the appropriate health care provider stating that I am unable to perform the functions of my position on the date that my leave expired.

I acknowledge that when I notified Toys“R”Us of my need for Medical Leave, Toys“R”Us provided me with a notice of my rights and obligations and answered any questions I had presented.

I understand that any misrepresentation in completing this form will result in denial of leave and/or termination of my employment.

\_\_\_\_\_  
Signature of Team Member

\_\_\_\_\_  
Date