

TREATING DOCTOR ADVISORY

Please fill out this FMLA form *completely!*

Metro-North Railroad will use *any* lack of information on this CHCP form to delay or deny my FMLA leave.

Do not leave any section blank: if it is not applicable, please indicate "N/A".

Keep in mind Metro-North will use the *minimum* of any estimated duration or frequency (e.g., if you estimate the probable number of days a patient will be unable to work is "1 to 4 days a month for the next year", Metro-North will only grant 12 days of FMLA leave, not 48 days).

Thank you for your cooperation!