



NYL GBS Leave Solutions Documentation of Birth

Please note that it is also acceptable to send in supporting documentation of the birth in place of this form.

Date prepared: _____ Must be returned by: _____

Employee Name:		Leave Number:	
Employer Name:			
Care for Newborn (Bonding) Leave is requested for the following dates:			
Name and Age of Child:			
* Expected / Actual Date of Birth:			
<i>*If expected date is provided, please contact NYL GBS to confirm the actual delivery date.</i>			
By signing below, I certify that the above information is true and correct. I understand that failure to promptly return to work at the end of my leave may be treated as a resignation unless an extension has been approved in writing by my employer.			
Employee's Signature:		Date:	

Return completed form to:
NYL GBS Leave Solutions P.O. Box 703509 Dallas, TX 75370
Fax: 866.931.5095
Email: FMLACertifications@newyorklife.com