



EMPLOYEE REQUEST FOR FAMILY LEAVE

- EMPLOYEE'S OWN ILLNESS
- LEAVE TAKEN TO CARE FOR A FAMILY MEMBER
- MILITARY FAMILY LEAVE

UE-736 Front/Page 1 (01-16-09) – FAMILY MEDICAL LEAVE ACT (FMLA)

Request for Family Leave must be made, if possible, at least 30 days prior to the date leave is to begin. Leave requested due to the serious health condition of an employee or family member may also require receipt of a completed medical certification from the health care provider. Leave requested for Military Family Leave may also require documentation for need of leave.

| | | | | |
|-----------------|-------------------------|----------------------|---------------------------------|------------------------------------|
| Employee's Name | | Badge Number | <input type="checkbox"/> Hourly | <input type="checkbox"/> Full-Time |
| | | | <input type="checkbox"/> Salary | <input type="checkbox"/> Part-Time |
| Department No. | Continuous Service Date | Employee's Phone No. | Relationship of Family Member | |

Have you taken any Family or Medical Leave in the past 12 months? Yes No If yes, how many hours of leave? _____

I request Family or Medical Leave for one or more of the following reasons:

- For a serious health condition that makes me unable to perform the essential functions of my job.

Leave to start _____ Expected date of return _____

- In order to care for my newborn or newly adopted or foster care child.

Expected date of birth or adoption placement _____

Leave to start _____ Expected date of return _____

- In order to care for my spouse, child (under age 18), or own parent who has a serious health condition.

Leave to start _____ Expected date of return _____

- In order to care for my child over age 18 who is incapable of self-care because of a mental or physical disability.

Mental or physical disability means mental or physical impairment that substantially limits one or more of the major life activities of an individual.

Leave to start _____ Expected date of return _____

- In order to care for a Covered Service Member or for Qualifying Exigency Leave (see definitions below).

Leave to start _____ Expected date of return _____

Covered Service Member – A service member who is undergoing medical treatment, recuperation, or therapy, is otherwise in an outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness. A serious injury or illness is defined as one incurred in the line of active duty which “may render the member medially unfit to perform the duties of the member’s office, grade, rank, or rating.”

Qualifying Exigency – An exigency, as defined by the DOL, that arises out of the employee’s spouse, son, daughter, or parent being on active duty or having been notified of an impending call or order to active duty in the armed forces in support of a contingency operation.

- I request intermittent or reduced scheduled leave (subject to employer's approval with health care provider's concurrence).

Intermittent/reduced scheduled leave is not available for birth, foster care, or adoption placement.

Provide an anticipated schedule indicating the hours and days of leave, if possible:

| | |
|----------------------|------|
| Employee's Signature | Date |
|----------------------|------|

SUMMARY OF FAMILY AND MEDICAL LEAVE ACT (FMLA) REQUIREMENTS PROVIDED UNDER UNITED STATES ENRICHMENT CORPORATION

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This document summarizes the United States Enrichment Corporation's (USEC) application of the Family and Medical Leave Act (FMLA) and explains in general terms what happens to your USEC benefits while you are on FMLA-related leave. The provisions in this summary are subject to change at any time.

ELIGIBILITY FOR FMLA LEAVE. You are eligible for unpaid FMLA leave if you have been employed by the Company at least one year on a cumulative basis, you have worked at least 1,250 hours during the previous 12 months before the leave begins, and you are taking leave to care for your new child (including adoptions and foster care) during the 12 month period following birth or placement; to care for a spouse, eligible parent, or child with a serious health condition; or due to your own serious health condition. A serious health condition is generally a condition that requires inpatient care, is chronic or incurable, or results in incapacity of more than three consecutive calendar days and involves continuing treatment by a health care provider. A brief description of a serious health condition is defined on the front of this form.

MILITARY FAMILY LEAVE. The FMLA, as amended January 28, 2008, entitles an eligible employee to take leave for a covered family member's service in the armed forces. Eligible employees may use their 12 week leave entitlement to address certain qualifying exigencies.

FMLA also includes a special leave entitlement that permits employees to take up to 26 weeks of leave during a single 12 month period to care for a covered servicemember who has a serious injury or illness incurred in the line of duty on active duty. The leave entitlement is not in addition to an employee's FMLA leave entitlement for other qualifying reasons and runs concurrent with other FMLA leave entitlements.

NOTIFICATION FOR MANAGER. If your need for leave is foreseeable, you must notify the Company of your intention to take a leave as soon as possible, usually at least 30 days in advance. You should also make reasonable efforts to schedule planned leave, subject to the health care provider's approval, so as not to disrupt Company operations unduly. The Company may deny your leave. If your need for leave is not foreseeable, you must notify your manager (verbally is sufficient) no later than the first scheduled workday missed.

DURATION. Eligible employees may take up to 12 weeks of unpaid FMLA leave every calendar year. Under some circumstances, unpaid FMLA leave may be taken on an intermittent or reduced-scheduled basis (i.e., partial-day or periodic full-day absence) when medically necessary.

CERTIFICATION OF HEALTH CARE PROVIDER. If your leave is necessary because of a serious health condition of a family member, you must submit a completed physician's certification form verifying the serious health condition within 15 days of the request for leave. The report must explain why your presence is needed. If you do not submit the form in a timely manner, your leave can be denied until the required certification is provided.

If you are on leave for your own disability, you will be required to submit a completed physician's certification as follows: hourly employees in concurrence with collective bargaining unit contract; salaried employees away from work for more than three consecutive days due to illness or disability. If you fail to submit adequate certification within the time frame requested (at least 15 calendar days after your request for leave), your FMLA leave may terminate. A FMLA Coordinator staff representative will review the physician's certification for completeness. An incomplete certification may delay the approval of your leave request. The Company may require a second opinion, at

its expense, from a health care provider of its choosing. If the two opinions differ, a third opinion must be obtained at the company's expense from a health care provider acceptable to both you and the Company. The third opinion is binding. If you fail to return to work after 12 weeks, your FMLA leave will expire. However, you may have additional leave available beyond the FMLA leave provisions under the Company's Disability Plan. (See the return-to-work paragraph following.)

PAY DURING LEAVE. You will receive short-term disability pay for which you are eligible under the Short-Term Disability Plan provisions. If applicable, up to 12 weeks of disability leave for your own serious health condition will be counted against your FMLA entitlement. You may request up to 12 weeks of unpaid FMLA leave to care for an eligible family member with a serious health condition. You may request up to 12 weeks of FMLA leave to care for your new child or for placement of a child with you for adoption or foster care during the 12 month period following birth or placement. The 12-week period includes any period of paid or unpaid disability leave combined. If applicable, personal leave with pay can be requested within the Employee Leave guidelines and run concurrently for purposes of both the benefit plans and the FMLA leave entitlement.

RETURN TO WORK. When you return from FMLA leave within the 12 week period you will be restored to either the job you had before the leave, or to an equivalent position, and restored to the same employment rights and benefits that you had before taking the FMLA leave, so long as you would have continued to be provided those rights and benefits had you not taken the leave. If you were off work three workdays or more because of your own serious health condition, then you must report through your Site Medical Department for return to work and present a fitness for duty certificate. If you are unable to perform an essential function of the position because of a physical or mental condition, including the continuation of a serious health condition, you have no right to restoration to another position under FMLA. However, the Americans with Disabilities Act (ADA) may govern the Company's obligations.

INSURANCE BENEFITS. If you are receiving short-term disability pay or personal leave with pay, your payroll deductions will continue as if you were actively at work. If you are on an approved unpaid leave of absence to care for your family member or new child (including adoptions and foster care), you may elect to continue your medical and dental insurance coverage; basic and supplemental life insurance coverage; and special accident insurance coverage provided you pay the applicable premiums. You may elect to discontinue your benefits for the period of your unpaid leave of absence. When you return to work, you can re-enroll for the same coverage as before taking leave and deductions from your paychecks for the ongoing premiums will continue. If you have a qualifying change in status you may change your medical and dental coverage.

Additional information about your rights under FMLA is posted and will be provided by Benefit Plans at your request. This summary is not a contract and does not entitle you to more rights than are expressed herein or are provided under FMLA. This is not a plan document or a summary plan description of any employee benefit plan. You should refer to the plan documents and summary plan description for each benefit plan for a full explanation of how FMLA leave affects your benefits under those plans. Please contact your Benefit Plans representative to obtain summary plan descriptions or information on how to obtain copies of plan documents.

Note: Any reference to specific benefit plan coverage's such as "paid leaves, bonding leave etc." may be governed by the Collective Bargaining Agreements.