

Certificate for 'Other' Dependent

for Family Leave Request Form



This Certificate is to verify for Absence Management that the person listed below meets the eligibility provisions of 'other dependent' under the corporate provisions that define eligible relationships for a Family Leave request. This Certificate is ONLY for purposes of the Company FMLA policy and does not entitle the employee to coverage of the 'other dependent' under any other Company plans and policies.

By signing, you are attesting that the person listed is a dependent household member or that he/she depends on you for at least half of their support. The Company hereby requests this proof of such dependency through the completion of this Certificate.

I certify that the person listed below is a 'dependent household member' or that he/she depends on me for at least half of his/her support:

Full Name	Birth Date	Gender (M/F)
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I certify that the information given above is true and correct to the best of my knowledge. I understand that any false statements could result in termination of or discontinuation of eligibility for Family Leave status. I further understand that knowingly providing false information to the Company could result in disciplinary action, up to and including termination.

Employee Printed Name:	Employee Number:
Signature:	Date:

Send the completed form and/or verification documents to:

Marathon Petroleum - Absence Management
539 South Main Street, Room D-03-126
Findlay, OH 45840
Or by email to
HelpBenefits_Leaves@MarathonPetroleum.com
or by fax to 419-421-3057