



# National Postal Mail Handlers Union

## FMLA NOTIFICATION OF LEAVE REQUESTED FOR BIRTH, PLACEMENT, OR CARE OF A CHILD

1. Employee's Name: \_\_\_\_\_
2. Date of birth or placement: \_\_\_\_\_
3. Requested leave dates (employee is entitled up to 12 weeks)  
From: \_\_\_\_\_ To: \_\_\_\_\_
4. Is intermittent or reduced schedule leave being requested?  
Note: Intermittent leave or a reduced schedule for this purpose requires approval by the supervisor.  
Yes  No 
  - a. Requested schedule: \_\_\_\_\_
  - b. Reason for request: \_\_\_\_\_
  - c. From: \_\_\_\_\_ To: \_\_\_\_\_

The employee must also provide a completed Form PS 3971 for each pay period noting the type of leave requested.

\_\_\_\_\_  
(Employee's signature)

\_\_\_\_\_  
(Date)

A “**Serious Health Condition**” means an illness, injury, or physical or mental condition that involves one of the following:

**a. Hospital Care**

*Inpatient Care* (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care.

**b. Absence Plus Treatment**

A period of incapacity of more than three consecutive calendar days (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:

(1) *Treatment two or more times* by a health care provider, by a nurse or physician’s assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a health care provider; or

(2) *Treatment* by a health care provider on at least one occasion which results in a *regimen* of continuing *treatment* under the supervision of a health care provider.

**c. Pregnancy**

Any period of incapacity due to *pregnancy* or for *prenatal care*.

**d. Chronic Conditions Requiring Treatments**

A chronic condition which:

(1) Requires *periodic visits* for treatment by a health care provider, or by a nurse or physician’s assistant under direct supervision of a health care provider;

(2) Continues over an *extended period of time* (including recurring episodes of a single underlying condition); and

(3) May cause *episodic* rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy).

**e. Permanent/Long-Term Conditions Requiring Supervision**

A period of incapacity which is *permanent or long term* due to a condition for which treatment may not be effective. The employee or family member must be *under the continuing supervision of, but need not be receiving active treatment by, a health care provider*. Examples include Alzheimer’s, a severe stroke, or the terminal stages of a disease.

**f. Multiple Treatments (Non-Chronic Conditions)**

Any period of *absence* to receive *multiple treatments* (including *any* period of recovery therefrom) by a health care provider or a provider of health care services under the orders of, or on referral by, a health care provider, either for *restorative surgery* after an accident or other injury, *or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment*, such as cancer (chemotherapy, radiation, etc.) severe arthritis (physical therapy), kidney disease (dialysis).

---

<sup>1</sup>*Treatment* includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical examinations, eye examinations, or dental examinations.

<sup>2</sup>A *regimen of continuing treatment* includes, for example, a course of prescription medication (e.g., an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition. A regimen of treatment does not include the taking of over-the-counter medications such as antihistamines, or salves; or bed rest, drinking fluids, exercise, and other similar activities that can be initiated without a visit to a health care provider.

<sup>3</sup>“Incapacity,” for purposes of FMLA, is defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefore, or recovery therefrom.