



# National Postal Mail Handlers Union

## FMLA NOTIFICATION OF LEAVE REQUESTED FOR EMPLOYEES SERIOUS ILLNESS

1. Employee's Name: \_\_\_\_\_
  
2. Description of serious health condition (On the back of this form is a description of what is meant by a "serious health condition" under FMLA. If your condition qualifies under any of the conditions described, please check the applicable category).  
  
(a)  (b)  (c)  (d)  (e)  (f)  or None of the above
  
3. Is intermittent or reduced schedule leave being requested? Yes  No 
  - a. Requested schedule if known: \_\_\_\_\_
  - b. Reason for request: \_\_\_\_\_

*The employee must also provide a completed Form PS 3971.*

\_\_\_\_\_  
(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).

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<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.