

# NOTICE OF NEED FOR INTERMITTENT LEAVE OR FOR A REDUCED WORK SCHEDULE—FMLA

*The Employer must approve absences needed for intermittent leave or a reduced work schedule to care for a sick immediate family member or for an employee's own serious health condition that has been properly certified by a health care provider when required pursuant to 513.36 and 515.5 of ELM. Intermittent or reduced schedule for birth or placement of a child may be scheduled only if the Employer agrees.*

**If the need is for a seriously ill family member:** *Attach Medical Documentation APWU Form 3, when required pursuant to Section 513.36 and 515.5 of the ELM. If the need is for the employee's own serious health condition: Attach Medical Documentation APWU Form 3.*

Name

Relationship to employee

Required reduced or intermittent schedule, including duration: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Employee's Signature

Date

# FMLA DESCRIPTION OF SERIOUS HEALTH CONDITION<sup>1</sup>

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

## 1. 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<sup>2</sup> in connection with or consequent to such inpatient care.

## 2. 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:

- (a) *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
- (b) *Treatment* by a health care provider on *at least one occasion* which results in a *regimen* of continuing *treatment*<sup>3</sup> under the supervision of the health care provider.

## 3. Pregnancy

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

## 4. Chronic Conditions Requiring Treatments

A *chronic condition* which;

- (a) 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;
- (b) Continues over an *extended period of time* (including recurring episodes of a *single underlying condition*); and
- (c) May cause *episodic* rather than a continuing period of incapacity<sup>4</sup> (e.g., *asthma, diabetes, epilepsy*).

## 5. Permanent/Long-term Conditions Requiring Supervision

A period of incapacity<sup>4</sup> 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.

## 6. 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 by a *provider of health care services under 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<sup>4</sup> 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> Here and elsewhere on this form, the information sought relates only to the condition for which the employee is taking FMI A leave.

<sup>2</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>3</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 aspirin, 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>4</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 therefor, or recovery therefrom.