

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 513.35 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 CONDITION¹

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 **treatment²** 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 **treatment³** 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 **incapacity⁴** (e.g., **asthma, diabetes, epilepsy**).

5. Permanent/Long-term Conditions Requiring Supervision

A period of incapacity⁷ 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 incapacity⁴ 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).

¹Here and elsewhere on this form, the information sought relates *only* to the condition for which the employee is taking FMLA leave.

² 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.

³ 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.

⁴ "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.