

DESIRED OR NEEDED ABSENCES FOR BIRTH OR PLACEMENT OF SON OR DAUGHTER UNDER FMLA

Note: Entitlement to **Family** and Medical Leave because of (1) birth, (2) placement for adoption or (3) placement for foster care of a son or daughter expires 12 months **after** the birth, placement or adoption. Employees may use up to 12 weeks each postal leave year as long as the leave is continuous and the absence is within the first year of the birth, placement or adoption.

An absence due to care for a new son or daughter or the placement of a son or daughter is not a serious medical condition and does not require certification by a health care provider, but it may require documentation.* **Intermittent** leave or a reduced schedule for this purpose requires approval by the employer. **FMLA** leave **for** birth, placement or adoption must be continuous unless an intermittent or reduced schedule is approved by the employer.

Employee's name

Date of birth, placement or foster care of this son or daughter*

Schedule **desired** or needed (employee is **entitled** up to 72 weeks)

From: _____ I-O: _____

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

* Documentation may be **required** of the father if unmarried or not **living** with spouse, or of employee for adoption or placement under foster care.

Employee's Signature

Date