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Notice for Employees Requesting Leave for Conditions Covered by the Family and Medical Leave Act

Under the Family and Medical Leave Act (FMLA), employees have certain obligations to provide notice and/or other information to their employers. Failure to provide such notice or documentation could result in denial of leave or other protections afforded under the Act.

I. Qualifying Conditions

The FMLA provides that employees meeting the eligibility requirements must be allowed to take time off for up to 12 workweeks in a leave year for the following conditions:

1. Because of the birth of a son or daughter (including prenatal care), or in order to care for such son or daughter. Entitlement for this condition expires 1 year after the birth.
2. Because of the placement of a son or daughter with you for adoption or foster care. Entitlement for this condition expires 1 year after the placement.
3. In order to care for your spouse, son, daughter, or parent who has a serious health condition. Also, in order to care for those who have a serious health condition and who stand in the position of a son or daughter to you or who stood in the position of a parent to you when you were a child.
4. Because of a serious health condition that makes you unable to perform the functions of your position.

II. Eligibility

For an absence to be covered by FMLA, you must have been employed by the Postal Service for a total of at least 1 year **and** must have worked a minimum of 1,250 hours during the 12-month period before the date your absence begins. Once eligible for a given condition, if your work hours subsequently fall below 1,250 during the postal leave year, your eligibility for FMLA protected absences for that condition remains in effect for the duration of the leave year. However, if a second and unrelated condition arises in the leave year, you must meet the 1,250 eligibility test anew in order to obtain FMLA protected leave for that (i.e., second) reason.

III. Type of Leave or Pay

Absences counted toward the 12 workweeks allowed for the qualifying conditions that can be any one or a combination of the following:

1. Time off you take as annual leave, sick leave, and/or leave without pay (LWOP) in accordance with current leave policies and collective bargaining agreements.
2. In the case of job-related injuries or illnesses, time off during which you are receiving continuation of pay (COP) and/or time during which you are placed on the Office of Workers' Compensation Program (OWCP) payroll.

IV. Documentation on Request for Absence

Supporting documentation is required for your absence request to receive final approval. Documentation requirements may be waived in specific cases by your supervisor. *However, failure to provide requested documentation could result in a denial of FMLA-protected leave.*

1. **For qualifying condition (1) or (2)** — You must provide the birth or placement date.
2. **For qualifying condition (3) or (4)** — You must provide documentation from the health care provider.
 - a. **In both of these cases** — The medical report must include:
 - (1) The health care provider's name, address, phone number, and type of practice and the patient's name.
 - (2) A certification that the patient's condition meets the FMLA definition of *serious health condition*, supporting medical facts, and a brief statement as to how the medical facts meet the definition's criteria.
 - (3) The approximate date the serious health condition commenced, its probable duration, and the probable duration of the patient's present incapacity, if different.
 - (4) Whether it is a medical necessity that you be absent intermittently or work on a reduced schedule as a result of the serious health condition; and if so, the probable duration of such schedule, an estimate of the probable number of and the interval between treatments and/or episodes of incapacity, the period required for recovery, if any, and whether the medical need for absence is best accommodated through intermittent absence or a reduced work schedule.
 - b. **For absence due to pregnancy or a chronic serious health condition** — The medical certification must include whether the patient is presently incapacitated and the likely duration and frequency of episodes of incapacity.
 - c. **If additional or continuing treatments are required** — The medical certification must include the nature and regimen of the treatments, an estimate of the probable number of treatments, the length of absence required by the treatments, and actual or estimated dates of the treatments, if known.
 - d. **For absence due to your own serious health condition, including pregnancy, permanent/long term condition, or a chronic condition** — The medical certification must include whether you are unable to perform work of any kind, parts of the job you are unable to perform, and whether you must be absent for treatments.
 - e. **For absence to care for a family member with a serious health condition** — The medical certification must include whether the patient requires assistance for basic medical or personal needs or safety or for transportation; or if not, whether your presence to provide psychological comfort would be beneficial to the patient or assist in the patient's recovery, and the probable duration of the need for care on an intermittent or reduced work schedule basis. You must indicate on the form the care you will provide and an estimate of the time period.
3. **If the serious health condition is a result of a job-related injury or illness** — The documentation requirements are provided separately.
4. **If the time off requested is to care for someone other than a biological parent or child** — Appropriate explanation or evidence of the relationship may be required.

Supporting information that is not provided at the time of the request for absence must be provided within 15 days of receipt of notice, unless this is not practical under the circumstances. If the Postal Service questions the adequacy of a medical certification, a second opinion may be required. If the first and second opinions differ, a third and final opinion may be required. These opinions are obtained off the clock. However, the Postal Service will pay for these opinions, plus reasonable out-of-pocket travel expenses incurred to obtain the opinions.

Employees may be required to provide recertification periodically.

During your absence, you must keep your supervisor informed of your intentions to return to work and status changes that affect your ability to return.

V. Benefits

Health Insurance — To continue your health insurance during your absence, you must continue to pay the employee portion of the premiums. This payment continues to be withheld from your salary. If the salary for a pay period does not cover the full employee portion, you will be invoiced and are required to make the payment. Failure to make the required payments results in loss of coverage until you return to work.

Life Insurance — Your basic life insurance and any optional life insurance that you carry continue while you are in a pay status. In an LWOP status, these are continued at no cost to you for 1 year. After you are in a non-pay status for 1 year, this coverage is discontinued, but you have the option to convert the coverage to an individual policy within 31 days of the discontinuance in accordance with the Office of Personnel Management's (OPM's) current Federal Employee Group Life Insurance policy on conversion — see OPM's web site — <http://www.opm.gov/insure>.

Flexible Spending Accounts (FSAs) — If you participate in the FSA program, see your employee brochure for the terms and conditions of continuing coverage during leave without pay.

VI. Placement and Documentation on Return to Duty

At the end of your FMLA covered absence, you will be returned to the same position you held when the absence began (or to an equivalent position), provided you are able to perform the functions of the position and would have held that position at the time you returned had you not taken the time off. To return to work after an absence due to your own incapacitation, you must provide certification from your health care provider that you are able to return to work and to perform the essential functions of your position.

The certification should be provided as soon as your physician anticipates your return to work, and no later than one workday before the anticipated return-to-work date. Providing this certification as early as possible will facilitate the return-to-work process and help you avoid unnecessary delays due to incomplete medical information. The medical information requested is basic to the treatment provided by the physician, and should be readily available. There is no need for a diagnosis or other private information to be included.

If you are a nonbargaining unit employee and your absence was for your own serious health condition, the statement from your medical provider that you are able to return to work is all that you must provide.

If you are a bargaining unit employee and your absence was for your own serious health condition, you must also provide the medical certification noted on page 38 and be medically cleared before you return to work under any one of the following circumstances:

1. The absence exceeds 21 calendar days.
2. The absence is due to any of the causes specified below.
3. Overnight hospitalization is required during the absence.

The medical report provided must contain enough information to determine that you can return to work without risk of injury or illness to self or others. It must identify any restrictions that prevent you from performing your duties, and whether there is a need for a special accommodation. It must include whether or not you will need to be absent intermittently or to work on a reduced schedule as a result of the condition, and if so, the probable duration of such schedule and an estimate of the probable number of and the interval between any expected treatments and/or episodes of incapacity.

Examples of specific information that may be necessary are:

1. **For absence exceeding 21 calendar days** — Treatment dates, progress to date, and any side effects experienced due to medication that could affect job performance.
2. **For absence due to exposure to a communicable or contagious disease** — The nature of the disease and certification that you can return to work without risk of transmission.
3. **For absence due to mental or nervous condition** — Treatment dates, progress to date, certification of your compliance with medication, side effects experienced due to medication that could affect job performance, certification that adequate control has been established (including, where applicable, certification that you can accept supervision), and you are able to work without risk of harm to self or to others.
4. **For absence due to diabetes** — The conditions and/or symptoms related to diabetes that caused the incapacity to work, certification that the conditions and/or symptoms have resolved, progress to date, and certification that adequate control has been established and that you are able to return to work safely.
5. **For absence due to cardiovascular disease involving high blood pressure** — Conditions and/or symptoms related to high blood pressure that caused the incapacity to work, certification that the conditions and/or symptoms have resolved, certification of your compliance with medication, side effects experienced due to medication that could affect job performance, and certification that adequate control has been established and that you are able to return to work safely.
6. **For absence due to cardiovascular disease other than high blood pressure** — Conditions and/or symptoms that caused the incapacity to work, progress to date, certification of your compliance with medication, side effects experienced due to medication that could affect job performance, and certification that you are able to return to work safely.
7. **For absence due to epilepsy (seizure disorder)** — Conditions and/or symptoms related to seizure disorder that caused the incapacity to work, side effects experienced due to medication that could affect job performance, certification of your compliance with medication, and certification that adequate control has been established and that you are able to return to work safely.
8. **For absence during which overnight hospitalization is required** — The nature of the hospitalization, the date of admission, the date of official discharge, progress to date, certification of your compliance with medication, side effects experienced due to medication that could affect job performance, and certification that you are able to return to work safely.

A postal medical officer will evaluate the medical information and make the final determination of your suitability for return to work.