

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 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 FMLA coverage, 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 months before the date your absence begins.

III. Type of Leave or Pay

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

1. Time off you take as annual leave, sick leave, and/or 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

Supporting documentation is required for your leave request to receive final approval. Documentation requirements may be waived in specific cases by your supervisor.

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 which includes:
 - a. The health care provider's name, address, phone number, and type of practice, and the patient's name.
 - b. 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.
 - c. The approximate date the serious health condition commenced, its probable duration, and the probable duration of the patient's present incapacity, if different.
 - d. Whether you will need to take leave intermittently or to 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 episodes of incapacity, and the period required for recovery, if any.
 - e. For pregnancy or a chronic serious health condition, whether the patient is presently incapacitated and the likely duration and frequency of episodes of incapacity.
 - f. If leave is required for additional or continuing treatments, 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.

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- g. If leave is required for your own serious health condition, including pregnancy or a chronic condition, whether you are unable to perform work of any kind, parts of your job you are unable to perform, and if you must be absent for treatments.
 - h. If leave is required to care for a family member with a serious health condition, (1) 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; (2) what is the probable duration of the need for care or for an intermittent or reduced work schedule. 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, an appropriate explanation of the relationship may be required.

Supporting information that is not provided at the time the leave is requested must be provided within 15 days, unless this is not practical under the circumstances. If the Postal Service questions the adequacy of a medical certification, a second or third opinion may be required. These 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.

During your absence, you must keep your supervisor informed of your intentions to return to work and the 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 continues to be withheld from your salary while you are in a pay status. If the salary for a pay period does not cover the full employee portion, you are required to make the payment. If this occurs, you will be advised of the procedures for payment. Failure to make the required payments will result in loss of coverage.

Life Insurance — Your basic life insurance and any optional life insurance that you carry will continue while you are in a pay status. In an LWOP status, these are continued at no cost to you for 1 year. After 1 year in an LWOP status, this coverage is discontinued, but you will have the option to convert the coverage to an individual policy.

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. Return to Duty

At the end of your leave, you will be returned to the same position you held when the absence began (or a position equivalent to it), provided you are able to perform the functions of the position and would have held that position at the time you returned if you had not taken the time off.

In order to return to duty, if the absence is because of your own health condition and exceeds 21 calendar days, or is because of exposure to a communicable or contagious disease, mental or nervous condition, diabetes, cardiovascular disease, epilepsy, or a condition involving hospitalization, you must submit medical evidence of your ability to return to work before returning to work. You must submit medical certification stating unequivocally that you are fit for full duties without hazard to yourself or others, or indicating the duties that you are capable of performing. The medical certification must contain detailed reports with sufficient data to make a determination that you can return to work without hazard to yourself or others. A postal medical officer or contract physician evaluates the medical report and makes the final determination of suitability for return to duty.

(Reference: Handbook EL-311, *Personnel Operations*, 342)