



NALC Form 5 - Family and Medical Leave Act of 1993

National Association of Letter Carriers, AFL-CIO - 100 Indiana Avenue, NW - Washington, D.C. 20001



Employee Notice of Need for Intermittent Leave or for a Reduced Work Schedule

An employee should use this form to request FMLA leave involving intermittent periods of time off or a reduced daily or weekly work schedule. When the reason for the leave is the employee's or a family member's **serious health condition** (including incapacity due to pregnancy or childbirth), the appropriate additional form (NALC FMLA Form 2, 3 or 4) should also be completed and attached. Management must grant the intermittent leave or reduced work schedule leave when medical necessity is shown; subject to the health care provider's instructions, where leave is foreseeable the employee should try to work out a schedule with management that meets the carrier's medical needs, or family member's need for care, without unduly disrupting management's operation.

When intermittent leave or a reduced work schedule is requested to **care for an employee's new child** during the first year after the birth, placement in foster care or adoption (non-health reasons), management approval is needed. (Under ELM Section 514, as a general rule management has discretion in the granting of LWOP; this is an administrative decision that must be based on the needs of the employee, the needs of the Postal Service and the cost to the Postal Service.) The employee should seek the assistance of an NALC representative where needed.

A Form PS 3971, Request for or Notification of Absence, also must be completed and submitted as usual for each pay period.

Employee Name (Print)

1. Reason for reduced or intermittent schedule: The reason for this notice of a need for intermittent leave or a reduced work schedule is:

My own serious health condition, or I am needed to care for a family member with a serious health condition, as defined in the Family and Medical Leave Act (see attached certification).

or

To care for my new child (non-health reasons).

2. Description of intermittent leave or reduced work schedule, including duration:

Employee Signature _____

Date _____