



NALC Form 3 - Family and Medical Leave Act of 1993

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



Employee's Certification of Own Serious Health Condition

An employee should use this form to request FMLA leave in situations where *medical documentation is not required* (see ELM Sections 512.41, 513.36 and 515.5). A Form PS 3971, Request for or Notification of Absence, also must be completed and submitted as usual.

Employee Name (Print)

1. Description of serious health condition: To qualify for leave for your own serious illness under the Family and Medical Leave Act, your condition¹ must qualify as a "serious health condition" under the special definition in the law, described on the back (p. 2) of this form. Does your condition qualify under any of the categories described? If so, please check the applicable category.

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2. Duration of condition

- a. Date the condition began: _____
- b. Probable duration of the condition: _____

Employee Signature _____ Date _____