

Commonly Requested Forms



Forms require a .pdf reader (click to download and install the latest Adobe Reader)

The union has posted FMLA forms for use by healthcare providers to certify serious illnesses of APWU members and their family members. In accordance with an April 18, 2012, arbitration award, these forms are accepted by the USPS.

APWU FMLA Forms:

Certification by a Health Care Provider for the Employee's Own Serious Illness:

- [APWU FMLA Form 1 \(Revised 5/24/12\) \[PDF\]](#)
- [APWU FMLA Form 1 - Complete Online Version \(Revised 10/3/14\) \[PDF\]](#)

Certification by a Health Care Provider for a Family Member's serious Illness:

- [APWU FMLA Form 2 \(Revised 5/24/12\) \[PDF\]](#)
- [APWU FMLA Form 2 - Complete Online Version \(Revised 10/3/14\) \[PDF\]](#)

Certification by Employee of Qualifying Exigency for Military Family Leave:

- [APWU FMLA Form 3 \(Revised 4/30/09\) \[PDF\]](#)
- [APWU FMLA Form 3 - Complete Online Version \(Revised 10/3/14\) \[PDF\]](#)

Certification by a Service Member's Health Care Provider for Caregiver Military Family Leave:

- [APWU FMLA Form 4 \(Revised 4/30/09\) \[PDF\]](#)
 - [APWU FMLA Form 4 - Complete Online Version \(Revised 10/3/14\) \[PDF\]](#)
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Sample Completed APWU Forms

[Sample Form for Employee's Absence Plus Treatment](#)

[Sample Form for Child with Chronic Condition](#)

[Sample Form for Chronic Condition](#)

[Sample Form for Hospital Stay](#)

[Sample Form for Long Term-Terminal Illness](#)

[Sample Form for Multiple Treatments](#)

[Sample Form for Pregnancy](#)

Postal Service Forms:

PSForm 3971 – Request for or Notification of Absence

PSForm 3189 – Request for Temporary Schedule Change (for personal convenience)

U.S. Department of Labor OWCP Forms:

Form CA-1– Federal Employee’s Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation

Form CA-2 – Notice of Occupational Disease and Claim for Compensation

Form CA-7 – Claim for Compensation

Form CA-16 – Authorization for Examination And/Or Treatment
