

## **Request for or Notification of Absence**

Employee's Name (Last, First, M.I.)		Employee ID		Date Submitted		No. of Hours Requested		Scheduled	Un- Scheduled	PP	Year	
Installation (For PM leave, show city, state, and ZIP code)		N/S Day	Pay Loc. #	D/A Code	From Date	Hour	Sch	Sch	Day Sat	Init.	Hours	
Time of Call or Request	Scheduled Reporting Time	Employee Can Be Reached At (If needed)			Thru Date	Hour	$\vdash$		01 Sun 02			
Type of Absence Annual Holiday/AL Lv Exch	Documentation (For official use only)         For FMLA Leave (Certification reviewed)         For COP Leave (CA1 on file)         For Advanced Sick Leave (1221 on file)         For Military Leave (Orders reviewed)		Revis	ed Schedule	e for <i>(Date)</i>	Advance			Mon 03 Tue			
□ Carrier 701 Rule       □ For Advanced Sick Leav         □ LWOP (See reverse)       □ For Advanced Sick Leav         □ Sick (See reverse)       □ For Military Leave (Orde         □ Late       □ For Higher Level (1723 of         □ COP       □ Schome Training Terring Terring			Begin Lunch	Work						04 Wed 05 Thur		
	n file)	End V						06 Fri 07				
Other: Contenter medical information)				Hours						Sat 08 Sun 09		
I understand that the annual leave authorized in excess of amount available           Employee's Signature and Date         Signature of Person Recording Abse				b me during the leave year will be changed to LWOP.						Mon 10 Tue 11		
Official Action on App	Approved FMLA, Pending Documentation Noted on Rev	verse. Approv	e <b>st to en</b> ved, FMLA Publication 7	Signatu	re of Super	rvisor and Da	ate			Wed 12 Thur 13		
Disapproved (Give reason):      Ineligible for FMLA (Estimate eligibility date):				Conti	nued on Re	verse				Fri 14		

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Warning: The furnishing of false information on this form may result in a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)

Employee: Reason I Was Incapacitated for Duty During this Absence	Leave Types (Information Only)		CODES			be	PP	Year	
☐ Sickness ☐ Undergoing Medical, Dental, or			FMLA/		Scheduled	Un- Scheduled			
	Leave Type	Timecard	Dep. Care	Time Clock	che	<u>ੇ</u> ਵੀ			
	Annual – FMLA	55	01	05599	Š	s	Day	Init.	Hours
	Sick – FMLA	56	02	05699			Sat		
Pregnancy and Confinement Undergoing Medical, Dental, or	Sick - Dependent Care	56	07	05697			01		
	Absent Without Leave	24		02400			Sun		
	Act of God	78		07800			02		
	Blood Donor	69		06900			Mon		
Old La sur fan Dan anderst Oans Dissersant of a Obild with Environ	Civil Defense	77		07700			03		L
		81		08100			Tue		
	COP - USPS	71		07100			04		
Supervisor. Additional Documentation Regarding Denial of Leave Protection	COP - USPS - FMLA	71	03	07199			Wed		
	Convention	66		06600			05		
	Court Duty	61		06100			Thur		
Employee Not Eligible Not Employed with USBS 1 Veer	Donated - FMLA HQ Authorized Administrative	46 79		04600 07900			06		<u> </u>
	HQ Authorized Administrative Holiday/AL Leave Exchange	79 28		07900 02800			Fri 07		
	LWOP - Part Day	59		05900			Sat		<u> </u>
	LWOP - Full Day	60		06000			08		1
Absence Not for a Covered Family Member.	LWOP - FMLA - Part Day	59	05	05999		_	Sun		<u> </u>
	LWOP - FMLA - Full Day	60	06	06099			09		1
Locumentation Provided Does Not Meet Criteria for EMLA Protection	LWOP - IOD/OWCP FMLA	49 40	04	04999			Mon		
	LWOP - IOD/OWCP - not FMLA LWOP - Lieu of Sick Leave	49 59 or 60		04900 05901 or 06001			10		
	LWOP - Lieu of Sick Leave	59 or 60 59 or 60		05901 01 06001 05905 or 06005			Tue		
	LWOP - Military	44		04400			11		
	LWOP - Personal Reasons	59 or 60		05903 or 06003			Wed		
	LWOP - Proffered	59 or 60		05902 or 06002			12		
<b>Privacy Act Statement:</b> Your information will be used to administer leave.	LWOP - Suspension	59 or 60		05906 or 06006			Thur		
Collection is authorized by 39 USC 401, 404, 1001, 1003, and 1005; and 29 USC	LWOP - Suspension Pend. Tem.	59 or 60		05908 or 06008			13		
	LWOP - Union Official	84		08400			Fri		
relevant legal proceedings; to law enforcement when the USPS or requesting	Military	67		06700			14		L
relevant legal proceedings, to law enforcement when the oor o or requesting	Relocation	80		08000					
	Veteran's Funeral	86		08600					
	Voting Leave	85		08500					
personnel matters; and to the EEOC; MSPB or Office of Special Counsel.	Other Paid	86		08600					

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