



Request for or Notification of Absence

Employee's Name (Print last, first, MI.)		Employee ID	Date Submitted (MM/DD/YYYY)	No. of Hours Requested		SCHEDULED	UNSCCHEDULED	PP	Year	
Installation (For postmaster's leave, show city, state, and ZIP Code)		N/S Day	Pay Loc. No.	D/A Code	From: Date					Hour
Time of Call or Request	Scheduled Reporting Time	If Needed, Employee Can Be Reached At:		Thru: Date		Hour	Day	Init.	Hours	
Type of Absence		Documentation (For official use only)		Revised Schedule for (Date)		Approved in Advance				
<input type="checkbox"/> Annual <input type="checkbox"/> Holiday/AL Lv Exch <input type="checkbox"/> Carrier 701 Route <input type="checkbox"/> LWOP (See reverse) <input type="checkbox"/> Sick (See reverse) <input type="checkbox"/> Late <input type="checkbox"/> COP (See reverse) <input type="checkbox"/> Other _____		<input type="checkbox"/> FMLA Requested (Certification review - HRSSC) <input type="checkbox"/> For COP Leave (CA1 on file) <input type="checkbox"/> For Advanced Sick Leave (PS 1221 on file) <input type="checkbox"/> For Military Leave (Orders reviewed) <input type="checkbox"/> For Court Leave (Summons reviewed) <input type="checkbox"/> For Higher Level (PS 1723 on file) <input type="checkbox"/> Scheme Training Testing Qualifying (Memo on file)		<input type="checkbox"/> Do not call Begin Work Lunch Out Lunch In End Work Total Hours		<input type="checkbox"/> Yes <input type="checkbox"/> No		Sat 01		
Remarks (Do not enter medical information. See Privacy Act Statement on reverse of this form.)										
I understand that the annual leave authorized in excess of the amount available to me during the leave year will be charged to LWOP.										
Employee's Signature and Date			Signature of Person Recording Absence and Date			Signature of Supervisor and Date Notified				
Official Action on Application (Return copy of signed request to employee.)										
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (Give reason below)			Do not check an FMLA box until you verify the FMLA designation. <input type="checkbox"/> FMLA Designation is PENDING <input type="checkbox"/> FMLA Protected <input type="checkbox"/> Not FMLA Protected			Signature of Supervisor and Date				
<input type="checkbox"/> Continued on reverse										

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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).

Reason I was incapacitated for duty during this absence:				Leave Types and Codes (Information Only)	Time Card	FMLA Dep. Care	Time Clock	SCHEDULED	UNSCCHEDULED	PP	Year	
<input type="checkbox"/> Sickness <input type="checkbox"/> On-the-Job Injury <input type="checkbox"/> Off-the-Job Injury <input type="checkbox"/> Exposed to a Contagious Disease <input type="checkbox"/> Pregnancy, Prenatal Care, or Childbirth		<input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Job-related) <input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Not job-related)										
Reason I was/will be unavailable for duty during this absence:				Annual	55		05500			Day	Init.	Hours
<input type="checkbox"/> Sick Leave for Dependent care (See ELM) <input type="checkbox"/> Birth of a Child/Bonding <input type="checkbox"/> To Care for a Family Member (See ELM)		<input type="checkbox"/> Placement of a Child With Employee for Adoption or Foster Care <input type="checkbox"/> A Military Family Member's Qualifying Exigency <input type="checkbox"/> To Care for an Injured or Ill Military Family Member		Annual - FMLA	55	01	05599			Sat 01		
I am requesting Family and Medical Leave Act (FMLA) protection for this absence:				Sick	56		05600			Sun 02		
<input type="checkbox"/> This request is associated with a new condition. (You will receive an FMLA packet in the mail with forms and instructions.) <input type="checkbox"/> My approved or pending approval case number for this condition is:				Sick - FMLA	56	02	05699			Mon 03		
Employee must not be asked to disclose personal medical information to local management. FMLA certification must be mailed to HRSSC.				Sick - Dependent Care	56	08	05697			Tue 04		
Additional Documentation Required as follows:				Sick - Dependent Care - FMLA	56	07	05698			Wed 05		
<input type="checkbox"/> LWOP - Military <input type="checkbox"/> LWOP - Personal Reasons <input type="checkbox"/> LWOP - Proffered <input type="checkbox"/> LWOP - Suspension <input type="checkbox"/> LWOP - Suspension Pend Term <input type="checkbox"/> LWOP - Union Official <input type="checkbox"/> Military <input type="checkbox"/> Relocation <input type="checkbox"/> Voting Leave <input type="checkbox"/> Other Paid Leave				Absent Without Leave	24		02400			Thur 06		
<input type="checkbox"/> LWOP - In Lieu of Sick Leave <input type="checkbox"/> LWOP - Maternity <input type="checkbox"/> LWOP - Military				Act of Nature	78		07800			Fri 07		
<input type="checkbox"/> LWOP - Part Day <input type="checkbox"/> LWOP - Part Day - FMLA <input type="checkbox"/> LWOP - Full Day <input type="checkbox"/> LWOP - Full Day - FMLA <input type="checkbox"/> LWOP - IOD/OWCP <input type="checkbox"/> LWOP - IOD/OWCP - FMLA				Blood Donor	69		06900			Sat 08		
<input type="checkbox"/> LWOP - In Lieu of Sick Leave <input type="checkbox"/> LWOP - Maternity <input type="checkbox"/> LWOP - Military				Civil Defense	77		07700			Mon 09		
<input type="checkbox"/> LWOP - Part Day <input type="checkbox"/> LWOP - Part Day - FMLA <input type="checkbox"/> LWOP - Full Day <input type="checkbox"/> LWOP - Full Day - FMLA <input type="checkbox"/> LWOP - IOD/OWCP <input type="checkbox"/> LWOP - IOD/OWCP - FMLA				Civil Disorder	81		08100			Tue 10		
<input type="checkbox"/> LWOP - Part Day <input type="checkbox"/> LWOP - Part Day - FMLA <input type="checkbox"/> LWOP - Full Day <input type="checkbox"/> LWOP - Full Day - FMLA <input type="checkbox"/> LWOP - IOD/OWCP <input type="checkbox"/> LWOP - IOD/OWCP - FMLA				COP - USPS	71		07100			Wed 11		
<input type="checkbox"/> LWOP - Part Day <input type="checkbox"/> LWOP - Part Day - FMLA <input type="checkbox"/> LWOP - Full Day <input type="checkbox"/> LWOP - Full Day - FMLA <input type="checkbox"/> LWOP - IOD/OWCP <input type="checkbox"/> LWOP - IOD/OWCP - FMLA				COP - USPS - FMLA	71	03	07199			Thur 12		
<input type="checkbox"/> LWOP - Part Day <input type="checkbox"/> LWOP - Part Day - FMLA <input type="checkbox"/> LWOP - Full Day <input type="checkbox"/> LWOP - Full Day - FMLA <input type="checkbox"/> LWOP - IOD/OWCP <input type="checkbox"/> LWOP - IOD/OWCP - FMLA				Court Duty	61		06100			Fri 13		
<input type="checkbox"/> LWOP - Part Day <input type="checkbox"/> LWOP - Part Day - FMLA <input type="checkbox"/> LWOP - Full Day <input type="checkbox"/> LWOP - Full Day - FMLA <input type="checkbox"/> LWOP - IOD/OWCP <input type="checkbox"/> LWOP - IOD/OWCP - FMLA				Donated	45		04500			Sat 14		
<input type="checkbox"/> LWOP - Part Day <input type="checkbox"/> LWOP - Part Day - FMLA <input type="checkbox"/> LWOP - Full Day <input type="checkbox"/> LWOP - Full Day - FMLA <input type="checkbox"/> LWOP - IOD/OWCP <input type="checkbox"/> LWOP - IOD/OWCP - FMLA				Donated - FMLA	46		04600					
<input type="checkbox"/> LWOP - Part Day <input type="checkbox"/> LWOP - Part Day - FMLA <input type="checkbox"/> LWOP - Full Day <input type="checkbox"/> LWOP - Full Day - FMLA <input type="checkbox"/> LWOP - IOD/OWCP <input type="checkbox"/> LWOP - IOD/OWCP - FMLA				HQ Authorized Administrative	79		07900					
<input type="checkbox"/> LWOP - Part Day <input type="checkbox"/> LWOP - Part Day - FMLA <input type="checkbox"/> LWOP - Full Day <input type="checkbox"/> LWOP - Full Day - FMLA <input type="checkbox"/> LWOP - IOD/OWCP <input type="checkbox"/> LWOP - IOD/OWCP - FMLA				Holiday - AL Leave Exchange	28		02800					
<input type="checkbox"/> LWOP - Part Day <input type="checkbox"/> LWOP - Part Day - FMLA <input type="checkbox"/> LWOP - Full Day <input type="checkbox"/> LWOP - Full Day - FMLA <input type="checkbox"/> LWOP - IOD/OWCP <input type="checkbox"/> LWOP - IOD/OWCP - FMLA				LWOP - Part Day	59		05900					
<input type="checkbox"/> LWOP - Part Day <input type="checkbox"/> LWOP - Part Day - FMLA <input type="checkbox"/> LWOP - Full Day <input type="checkbox"/> LWOP - Full Day - FMLA <input type="checkbox"/> LWOP - IOD/OWCP <input type="checkbox"/> LWOP - IOD/OWCP - FMLA				LWOP - Part Day - FMLA	59	05	05999					
<input type="checkbox"/> LWOP - Part Day <input type="checkbox"/> LWOP - Part Day - FMLA <input type="checkbox"/> LWOP - Full Day <input type="checkbox"/> LWOP - Full Day - FMLA <input type="checkbox"/> LWOP - IOD/OWCP <input type="checkbox"/> LWOP - IOD/OWCP - FMLA				LWOP - Full Day	60		06000					
<input type="checkbox"/> LWOP - Part Day <input type="checkbox"/> LWOP - Part Day - FMLA <input type="checkbox"/> LWOP - Full Day <input type="checkbox"/> LWOP - Full Day - FMLA <input type="checkbox"/> LWOP - IOD/OWCP <input type="checkbox"/> LWOP - IOD/OWCP - FMLA				LWOP - Full Day - FMLA	60	06	06999					
<input type="checkbox"/> LWOP - Part Day <input type="checkbox"/> LWOP - Part Day - FMLA <input type="checkbox"/> LWOP - Full Day <input type="checkbox"/> LWOP - Full Day - FMLA <input type="checkbox"/> LWOP - IOD/OWCP <input type="checkbox"/> LWOP - IOD/OWCP - FMLA				LWOP - IOD/OWCP	49		04900					
<input type="checkbox"/> LWOP - Part Day <input type="checkbox"/> LWOP - Part Day - FMLA <input type="checkbox"/> LWOP - Full Day <input type="checkbox"/> LWOP - Full Day - FMLA <input type="checkbox"/> LWOP - IOD/OWCP <input type="checkbox"/> LWOP - IOD/OWCP - FMLA				LWOP - IOD/OWCP - FMLA	49	04	04999					
<input type="checkbox"/> LWOP - Part Day <input type="checkbox"/> LWOP - Part Day - FMLA <input type="checkbox"/> LWOP - Full Day <input type="checkbox"/> LWOP - Full Day - FMLA <input type="checkbox"/> LWOP - IOD/OWCP <input type="checkbox"/> LWOP - IOD/OWCP - FMLA				LWOP - In Lieu of Sick Leave	59 or 60		05901 or 06001					
<input type="checkbox"/> LWOP - Part Day <input type="checkbox"/> LWOP - Part Day - FMLA <input type="checkbox"/> LWOP - Full Day <input type="checkbox"/> LWOP - Full Day - FMLA <input type="checkbox"/> LWOP - IOD/OWCP <input type="checkbox"/> LWOP - IOD/OWCP - FMLA				LWOP - Maternity	59 or 60		05905 or 06005					
<input type="checkbox"/> LWOP - Part Day <input type="checkbox"/> LWOP - Part Day - FMLA <input type="checkbox"/> LWOP - Full Day <input type="checkbox"/> LWOP - Full Day - FMLA <input type="checkbox"/> LWOP - IOD/OWCP <input type="checkbox"/> LWOP - IOD/OWCP - FMLA				LWOP - Military	44		04400					
<input type="checkbox"/> LWOP - Part Day <input type="checkbox"/> LWOP - Part Day - FMLA <input type="checkbox"/> LWOP - Full Day <input type="checkbox"/> LWOP - Full Day - FMLA <input type="checkbox"/> LWOP - IOD/OWCP <input type="checkbox"/> LWOP - IOD/OWCP - FMLA				LWOP - Personal Reasons	59 or 60		05903 or 06003					
<input type="checkbox"/> LWOP - Part Day <input type="checkbox"/> LWOP - Part Day - FMLA <input type="checkbox"/> LWOP - Full Day <input type="checkbox"/> LWOP - Full Day - FMLA <input type="checkbox"/> LWOP - IOD/OWCP <input type="checkbox"/> LWOP - IOD/OWCP - FMLA				LWOP - Proffered	59 or 60		05902 or 06002					
<input type="checkbox"/> LWOP - Part Day <input type="checkbox"/> LWOP - Part Day - FMLA <input type="checkbox"/> LWOP - Full Day <input type="checkbox"/> LWOP - Full Day - FMLA <input type="checkbox"/> LWOP - IOD/OWCP <input type="checkbox"/> LWOP - IOD/OWCP - FMLA				LWOP - Suspension	59 or 60		05906 or 06006					
<input type="checkbox"/> LWOP - Part Day <input type="checkbox"/> LWOP - Part Day - FMLA <input type="checkbox"/> LWOP - Full Day <input type="checkbox"/> LWOP - Full Day - FMLA <input type="checkbox"/> LWOP - IOD/OWCP <input type="checkbox"/> LWOP - IOD/OWCP - FMLA				LWOP - Suspension Pend Term	59 or 60		05908 or 06008					
<input type="checkbox"/> LWOP - Part Day <input type="checkbox"/> LWOP - Part Day - FMLA <input type="checkbox"/> LWOP - Full Day <input type="checkbox"/> LWOP - Full Day - FMLA <input type="checkbox"/> LWOP - IOD/OWCP <input type="checkbox"/> LWOP - IOD/OWCP - FMLA				LWOP - Union Official	84		08400					
<input type="checkbox"/> LWOP - Part Day <input type="checkbox"/> LWOP - Part Day - FMLA <input type="checkbox"/> LWOP - Full Day <input type="checkbox"/> LWOP - Full Day - FMLA <input type="checkbox"/> LWOP - IOD/OWCP <input type="checkbox"/> LWOP - IOD/OWCP - FMLA				Military	67		06700					
<input type="checkbox"/> LWOP - Part Day <input type="checkbox"/> LWOP - Part Day - FMLA <input type="checkbox"/> LWOP - Full Day <input type="checkbox"/> LWOP - Full Day - FMLA <input type="checkbox"/> LWOP - IOD/OWCP <input type="checkbox"/> LWOP - IOD/OWCP - FMLA				Relocation	80		00500					
<input type="checkbox"/> LWOP - Part Day <input type="checkbox"/> LWOP - Part Day - FMLA <input type="checkbox"/> LWOP - Full Day <input type="checkbox"/> LWOP - Full Day - FMLA <input type="checkbox"/> LWOP - IOD/OWCP <input type="checkbox"/> LWOP - IOD/OWCP - FMLA				Voting Leave	85		08500					
<input type="checkbox"/> LWOP - Part Day <input type="checkbox"/> LWOP - Part Day - FMLA <input type="checkbox"/> LWOP - Full Day <input type="checkbox"/> LWOP - Full Day - FMLA <input type="checkbox"/> LWOP - IOD/OWCP <input type="checkbox"/> LWOP - IOD/OWCP - FMLA				Other Paid Leave	86		08600					

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