UNITED STATES POSTAL SERVICE •
POSTAL SERVICE ®

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

Employee's Name (Print last, first, MI.										_				
Employee's Name (Print last, first, Ml.)		Employee ID	Date	Date Submitted (MM/DD/YYYY)				Requested	E C	9	PP	Year	-	
Installation (For postmaster's leave, show city, state, and ZIP Code)		N/S Day	Pay L	oc. No.	. D/A Code	Fr	rom: Date	Hour	SCHEDIII ED	UNSCHEDUL				
Time of Call or Request	Scheduled Rep	porting Time	If Needed, E	Employee Can Be	Reache	ed Al:	Tf	nru: Date	Hour	- ŭ	JNSC			
Tues of Almana	D	47				☐ Do not o	_				J	Day	Init.	Hours
Type of Absence Annual	Documentation (For official use only)    FMLA Requested (Certification review - HRSS)		1	Revised Schedule for (Date)				in Advance	Г		Sat 01			
☐ Holiday/AL Lv Exch	For COP Leave (CA1 on file)									╁	+	Sun		
Carrier 701 Route		ed Sick Leave (PS:	1221 on file)	Degil	Begin Work						$\vdash$	02		
☐ LWOP (See reverse) ☐ Sick (See reverse)		Leave (Orders review		Lunch Out Lunch In					1		Mon 03			
Late		eave (Summons revi		End Work  Total Hours						┨	П	Tue 04		
COP (See reverse)	☐ For Higher	Level (PS 1723 on fil	le)							₽	╁	Wed		
Other	☐ Scheme Tra	ining Testing Qualif	ying (Memo on							L		05		
Remarks (Do not enter medical informa	ition, See Privacy	Act Statement on rev	verse of this for	n.)						1		Thur 06		
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										Н	+	07		-
I understand that the annual le	ave authorize	ed in excess of t	the amount	available to me	during	g the leave	year v	vill be cha	arged to LWOP.	L		Sat 08		
		Signature of Per	son Recordin	g Absence and D	ate	Signature o	f Supe	pervisor and Date Notified				Sun 09		
											$\vdash$	Mon		
Official Action on Application	n (Return co	ny of signed re	couest to e	mnlovee l						_	-	10		
Approved	iii (netarii co	700	1272	mployee.) Intil vou verify the	e:	gnature of Su	mervic	or and Det		8		Tue 11		
		FMLA designation		inui you veniy ine	) Sig	gnature of Su	ipervisi	or and Date	•			Wed		
☐ Disapproved (Give reason belo	w)	☐ FMLA Desig	nation is PEN	IDING						H	$\vdash$	12 Thur		
		☐ FMLA Prote								L		13		
		☐ Not FMLA P	rotected		1-	Continued	on re	verse				Fri 14		
PS Form <b>3971</b> , December 20	011 <i>(Page 1 d</i>	of 2) PSN 7530-	-02-000-91	36 <b>War</b> than					ation on this form ore that 5 years,					
Reason I was incapacitated	for duty du	ring this absen	ıce:	36 War than	\$10,00	00 or impriso				or bo	oth <i>(1</i>			
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