



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	UNSCHEDULED	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	SCHEDULED	UNSCHEDULED	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					
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: <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)				Leave Types and Codes (Information Only) Annual 55 Annual - FMLA 55 01 Sick 56 Sick - FMLA 56 02 Sick - Dependent Care 56 08 Sick - Dependent Care - FMLA 56 07 Absent Without Leave 24 Act of Nature 78 Blood Donor 69 Civil Defense 77 Civil Disorder 81 COP - USPS 71 COP - USPS - FMLA 71 03 Court Duty 61 Donated 45 Donated - FMLA 46 HQ Authorized Administrative 79 Holiday - AL Leave Exchange 28 LWOP - Part Day 59 LWOP - Part Day - FMLA 59 05 LWOP - Full Day 60 LWOP - Full Day - FMLA 60 06 LWOP - IOD/OWCP 49 LWOP - IOD/OWCP - FMLA 49 04 LWOP - In Lieu of Sick Leave 59 or 60 LWOP - Maternity 59 or 60 LWOP - Military 44 LWOP - Personal Reasons 59 or 60 LWOP - Proffered 59 or 60 LWOP - Suspension 59 or 60 LWOP - Suspension Pend Term 59 or 60 LWOP - Union Official 84 Military 67 Relocation 80 Voting Leave 85 Other Paid Leave 86	Time Card 55 55 56 56 56 56 24 78 69 77 81 71 71 61 45 46 79 28 59 59 60 60 49 49 59 or 60 59 or 60 44 59 or 60 59 or 60 59 or 60 84 67 80 85 86	FMLA Dep. Care 01 02 08 07 03 04 05 06 07 08 09 10 11 12 13 14	Time Clock 05500 05599 05600 06699 05697 05698 02400 07800 06900 07700 08100 07100 07199 06100 04500 04600 07900 02800 05900 05999 06000 06999 04900 04999 05901 or 06001 05905 or 06005 04400 05903 or 06003 06902 or 06002 05906 or 06006 05908 or 06008 08400 06700 00500 08500 08600	SCHEDULED	UNSCHEDULED	PP	Year
Reason I was/will be unavailable for duty during this absence: <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											
I am requesting Family and Medical Leave Act (FMLA) protection for this absence: <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: _____											
Additional Documentation Required as follows: Employee must not be asked to disclose personal medical information to local management. FMLA certification must be mailed to HRSSC.											
Privacy Act Statement: Your information will be used to administer leave. Collection is authorized by 39 USC 401, 404, 1001, 1003, and 1005; and 29 USC 2601 et seq. Providing the information is voluntary, but if not provided, we may not process your request. Your information may be disclosed as follows: in relevant legal proceedings; to law enforcement when the USPS or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities under contract with USPS and/or authorized to perform audits; to labor organizations as required by law; to government agencies regarding personnel matters; and to the EEOC, MSPB or Office of Special Counsel.											

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