



Request for or Notification of Absence

Employee's Name (Last, First, M.I.)		Employee ID	Date Submitted	No. of Hours Requested		Sched- uled	Un- Sched- uled	PP	Year
Installation (For PM leave, show city, state, and ZIP code)		N/S Day	Pay Loc. #	D/A Code	From Date			Hour	Day
Time of Call or Request	Scheduled Reporting Time	Employee Can Be Reached At (If needed)		Thru Date				Sat 01	
		<input type="checkbox"/> No Call						Sun 02	
Type of Absence <input type="checkbox"/> Annual <input type="checkbox"/> Holiday/AL Lv Exch <input type="checkbox"/> Carrier 701 Rule <input type="checkbox"/> LWOP (See reverse) <input type="checkbox"/> Sick (See reverse) <input type="checkbox"/> Late <input type="checkbox"/> COP <input type="checkbox"/> Other: _____	Documentation (For official use only)		Revised Schedule for (Date)		Approved in Advance		Mon 03		
	<input type="checkbox"/> For FMLA Leave (Certification reviewed)				<input type="checkbox"/> Yes <input type="checkbox"/> No		Tue 04		
	<input type="checkbox"/> For COP Leave (CA1 on file)		Begin Work				Wed 05		
	<input type="checkbox"/> For Advanced Sick Leave (1221 on file)		Lunch-Out				Thur 06		
	<input type="checkbox"/> For Military Leave (Orders reviewed)		Lunch-In				Fri 07		
	<input type="checkbox"/> For Court Leave (Summons reviewed)		End Work				Sat 08		
<input type="checkbox"/> For Higher Level (1723 on file)						Sun 09			
<input type="checkbox"/> Scheme Training Testing, Qualifying (Memo on file)						Mon 10			
Remarks (Do not enter medical information)		Total Hours				Tue 11			
I understand that the annual leave authorized in excess of amount available to me during the leave year will be changed to LWOP.									
Employee's Signature and Date		Signature of Person Recording Absence and Date		Signature of Supervisor and Date Notified		Wed 12			
Official Action on Application (Return copy of signed request to employee)									
<input type="checkbox"/> Approved, not FMLA		<input type="checkbox"/> Approved FMLA, Pending Documentation Noted on Reverse.		<input type="checkbox"/> Approved, FMLA (See Publication 71)		Signature of Supervisor and Date		Thur 13	
<input type="checkbox"/> Disapproved (Give reason): _____								Fri 14	
<input type="checkbox"/> Ineligible for FMLA (Estimate eligibility date): _____				<input type="checkbox"/> Continued on Reverse					

PS Form 3971, March 2008 (Page 1 of 2) PSN 7530-02-000-9136

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 <input type="checkbox"/> Sickness <input type="checkbox"/> On-the-Job Injury <input type="checkbox"/> Off-the-Job Injury <input type="checkbox"/> Pregnancy and Confinement <input type="checkbox"/> Exposed to a Contagious Disease <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 (Information Only)		CODES		Sched- uled	Un- Sched- uled	PP	Year
	Leave Type	Timecard	FMLA/Dep. Code	Time Clock			Day	Init.
Reason I Was Unavailable for Duty During This Absence <input type="checkbox"/> Sick Leave for Dependent Care <input type="checkbox"/> Birth of Child - Bonding <input type="checkbox"/> Placement of a Child with Employee for Adoption or Foster Care	Annual - FMLA	55	01	05599				
	Sick - FMLA	56	02	05699			Sat 01	
Supervisor: Additional Documentation Regarding Denial of Leave Protection Under FMLA <input type="checkbox"/> Employee Not Eligible -- Less than 1250 Hours Worked. <input type="checkbox"/> Employee Not Eligible -- Not Employed with USPS 1 Year. <input type="checkbox"/> Employee Has Exhausted FMLA Entitlement in Current Leave Year. <input type="checkbox"/> Absence Not for a Covered Condition. <input type="checkbox"/> Absence Not for a Covered Family Member. <input type="checkbox"/> Requested Documentation Not Provided. <input type="checkbox"/> Documentation Provided. Does Not Meet Criteria for FMLA Protection.	Sick - Dependent Care	56	07	05697			Sun 02	
	Absent Without Leave	24		02400			Mon 03	
Additional Documentation Required	Act of God	78		07800			Tue 04	
	Blood Donor	69		06900			Wed 05	
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.	Civil Defense	77		07700			Thur 06	
	Civil Disorder	81		08100			Fri 07	
Additional Documentation Required	COP - USPS	71		07100			Sat 08	
	COP - USPS - FMLA	71	03	07199			Sun 09	
Additional Documentation Required	Convention	66		06600			Mon 10	
	Court Duty	61		06100			Tue 11	
Additional Documentation Required	Donated - FMLA	46		04600			Wed 12	
	HQ Authorized Administrative	79		07900			Thur 13	
Additional Documentation Required	Holiday/AL Leave Exchange	28		02800			Fri 14	
	LWOP - Part Day	59		05900				
Additional Documentation Required	LWOP - Full Day	60		06000				
	LWOP - FMLA - Part Day	59	05	05999				
Additional Documentation Required	LWOP - FMLA - Full Day	60	06	06099				
	LWOP - IOD/OWCP-- FMLA	49	04	04999				
Additional Documentation Required	LWOP - IOD/OWCP - not FMLA	49		04900				
	LWOP - Lieu of Sick Leave	59 or 60		05901 or 06001				
Additional Documentation Required	LWOP - Maternity	59 or 60		05905 or 06005				
	LWOP - Military	44		04400				
Additional Documentation Required	LWOP - Personal Reasons	59 or 60		05903 or 06003				
	LWOP - Proffered	59 or 60		05902 or 06002				
Additional Documentation Required	LWOP - Suspension	59 or 60		05906 or 06006				
	LWOP - Suspension Pend. Tem.	59 or 60		05908 or 06008				
Additional Documentation Required	LWOP - Union Official	84		08400				
	Military	67		06700				
Additional Documentation Required	Relocation	80		08000				
	Veteran's Funeral	86		08600				
Additional Documentation Required	Voting Leave	85		08500				
	Other Paid	86		08600				

PS Form 3971, March 2008 (Page 2 of 2)