



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				
Type of Absence <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 checked="" type="checkbox"/> Other	Documentation (For official use only)		Revised Schedule for (Date)	Approved in Advance					
	<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)		Begin Work	<input type="checkbox"/> Yes <input type="checkbox"/> No					
			Lunch Out	Lunch In					
			End Work						
			Total Hours						

Remarks (Do not enter medical information. See Privacy Act Statement on reverse of this form.)

Wounded Warrior Leave

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)	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	LWOP - Union Official (Required Certification) By signing this form, I certify that this request is not for the purpose of engaging in partisan political activity as defined by the Hatch Act and its implementing regulations.	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:	Employee must not be asked to disclose personal medical information to local management. FMLA certification must be mailed to HRSSC.	Additional Documentation Required as follows: LWOP - Personal Reasons LWOP - Proffered LWOP - Suspension LWOP - Suspension Pend Term LWOP - Union Official Military Relocation Voting Leave Other Paid Leave	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; to the EEOC; and to the MSPB or Office of Special Counsel. For more information regarding our privacy policies visit www.usps.com/privacypolicy .	Leave Types and Codes (Information Only)	Time Card	FMLA Dep. Care	Time Clock	SCHEDULED UNSCHEDULED	PP	Year
							Day	Init.	Hours				
Annual	55		05500										
Annual - FMLA	55	01	05599										
Sick	56		05600										
Sick - FMLA	56	02	05699										
Sick - Dependent Care	56	08	05697										
Sick - Dependent Care - FMLA	56	07	05698										
Absent Without Leave	24		02400										
Act of Nature	78		07800										
Blood Donor	69		06900										
Civil Defense	77		07700										
Civil Disorder	81		08100										
COP - USPS	71		07100										
COP - USPS - FMLA	71	03	07199										
Court Duty	61		06100										
Donated	45		04500										
Donated - FMLA	46		04600										
HQ Authorized Administrative	79		07900										
Holiday - AL Leave Exchange	28		02800										
LWOP - Part Day	59		05900										
LWOP - Part Day - FMLA	59	05	05999										
LWOP - Full Day	60		06000										
LWOP - Full Day - FMLA	60	06	06099										
LWOP - IOD/OWCP	49		04900										
LWOP - IOD/OWCP - FMLA	49	04	04999										
LWOP - In Lieu of Sick Leave	59 or 60		05901 or 06001										
LWOP - Maternity	59 or 60		05905 or 06005										
LWOP - Military	44		04400										
LWOP - Personal Reasons	59 or 60		05903 or 06003										
LWOP - Proffered	59 or 60		05902 or 06002										
LWOP - Suspension	59 or 60		05906 or 06006										
LWOP - Suspension Pend Term	59 or 60		05908 or 06008										
LWOP - Union Official	84		08400										
Military	67		06700										
Relocation	80		08000										
Voting Leave	85		08500										
Other Paid Leave	86		08600										

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