



# Request for or Notification of Absence

Employee's Name (Last, First, M.I.)		Employee ID	Date Submitted	No. of Hours Requested	Scheduled	Un-Scheduled	PP	Year
Installation (For PM leave, show city, state, and ZIP code)			N/S Day	Pay Loc. #	D/A Code	From Date	Hour	
Time of Call or Request	Scheduled Reporting Time	Employee Can Be Reached At (If needed)		Thru Date	Hour			
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 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: _____		<input type="checkbox"/> For FMLA Leave (Certification reviewed) <input type="checkbox"/> For COP Leave (CA1 on file) <input type="checkbox"/> For Advanced Sick Leave (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 (1723 on file) <input type="checkbox"/> Scheme Training Testing, Qualifying (Memo on file)		<input type="checkbox"/> No Call Begin Work _____ Lunch-Out _____ Lunch-In _____ End Work _____		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Remarks (Do not enter medical information)				Total Hours				
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				
<b>Official Action on Application (Return copy of signed request to employee)</b>								
<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				
<input type="checkbox"/> Disapproved (Give reason): _____				<input type="checkbox"/> Continued on Reverse				
<input type="checkbox"/> Ineligible for FMLA (Estimate eligibility date): _____								

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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)

<b>Employee: Reason I Was Incapacitated for Duty During this Absence</b>		<b>Leave Types (Information Only)</b>		<b>CODES</b>		Scheduled	Un-Scheduled	PP	Year
<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 Type	Timecard	FMLA/Dep. Care	Time Clock	Day	Init. Hours
<b>Reason I Was Unavailable for Duty During This Absence</b>				Annual - FMLA	55	01	05599	Sat	
<input type="checkbox"/> Sick Leave for Dependent Care <input type="checkbox"/> Placement of a Child with Employee for Adoption or Foster Care <input type="checkbox"/> Birth of Child - Bonding				Sick - FMLA	56	02	05699	Sat	01
<b>Supervisor: Additional Documentation Regarding Denial of Leave Protection Under FMLA</b>				Sick - Dependent Care	56	07	05697	Sun	02
<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.				Absent Without Leave	24		02400		
Additional Documentation Required				Act of God	78		07800		
				Blood Donor	69		06900	Mon	
				Civil Defense	77		07700		
				Civil Disorder	81		08100	Tue	
				COP - USPS	71		07100		
				COP - USPS - FMLA	71	03	07199	Wed	
				Convention	66		06600		
				Court Duty	61		06100	Thu	
				Donated - FMLA	46		04600		
				HQ Authorized Administrative	79		07900	Fri	
				Holiday/AL Leave Exchange	28		02800		
				LWOP - Part Day	59		05900	Sat	
				LWOP - Full Day	60		06000		
				LWOP - FMLA - Part Day	59	05	05999	Sun	
				LWOP - FMLA - Full Day	60	06	06099		
				LWOP - IOD/OWCP - FMLA	49	04	04999	Mon	
				LWOP - IOD/OWCP - not FMLA	49		04900		
				LWOP - Lieu of Sick Leave	59 or 60		05901 or 06001	Tue	
				LWOP - Maternity	59 or 60		05905 or 06005		
				LWOP - Military	44		04400	Wed	
				LWOP - Personal Reasons	59 or 60		05903 or 06003		
				LWOP - Proffered	59 or 60		05902 or 06002	Thu	
				LWOP - Suspension	59 or 60		05906 or 06006		
				LWOP - Suspension Pend. Term.	59 or 60		05908 or 06008	Fri	
				LWOP - Union Official	84		08400		
				Military	67		06700		
				Relocation	80		08000		
				Veteran's Funeral	86		08600		
				Voting Leave	85		08500		
				Other Paid	86		08600		