



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: <input type="checkbox"/> Do not call		Thru: Date	Hour	Day	Init.	Hours
Type of Absence		Documentation (For official use only)		Revised Schedule for (Date)	Approved in Advance <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Annual		<input type="checkbox"/> FMLA Requested (Certification review - HRSSC)		Begin Work			Sat 01		
<input type="checkbox"/> Holiday/AL Lv Exch		<input type="checkbox"/> For COP Leave (CA1 on file)		Lunch Out		Lunch In	Sun 02		
<input type="checkbox"/> Carrier 701 Rule		<input type="checkbox"/> For Advanced Sick Leave (PS 1221 on file)		End Work			Mon 03		
<input type="checkbox"/> LWOP (See reverse)		<input type="checkbox"/> For Military Leave (Orders reviewed)		Total Hours			Tue 04		
<input type="checkbox"/> Sick (See reverse)		<input type="checkbox"/> For Court Leave (Summons reviewed)					Wed 05		
<input type="checkbox"/> Late		<input type="checkbox"/> For Higher Level (PS 1723 on file)					Thur 06		
<input type="checkbox"/> COP (See reverse)		<input type="checkbox"/> Scheme Training Testing Qualifying (Memo on file)					Fri 07		
<input type="checkbox"/> Other							Sat 08		
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			Do not check an FMLA box until you verify the FMLA designation.			Signature of Supervisor and Date			
<input type="checkbox"/> Disapproved (Give reason below)			<input type="checkbox"/> FMLA Designation is PENDING						
			<input type="checkbox"/> FMLA Protected						
			<input type="checkbox"/> Not FMLA Protected			<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:		Leave Types and Codes (Information Only)	Time Card	FMLA Dep. Care	Time Clock	SCHEDULED UNSCHEDULED	PP	Year
<input type="checkbox"/> Sickness	<input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Job-related)							
<input type="checkbox"/> On-the-Job Injury	<input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Not job-related)	Annual	55		05500			
<input type="checkbox"/> Off-the-Job Injury		Annual - FMLA	55	01	05599			
<input type="checkbox"/> Exposed to a Contagious Disease		Sick	56		05600			
<input type="checkbox"/> Pregnancy, Prenatal Care, or Childbirth		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		Sat 01	
Reason I was/will be unavailable for duty during this absence:		Civil Defense	77		07700		Sun 02	
<input type="checkbox"/> Sick Leave for Dependent care (See ELM)	<input type="checkbox"/> Placement of a Child With Employee for Adoption or Foster Care	Civil Disorder	81		08100		Mon 03	
<input type="checkbox"/> Birth of a Child/Bonding		COP - USPS	71		07100		Tue 04	
<input type="checkbox"/> To Care for a Family Member (See ELM)	<input type="checkbox"/> A Military Family Member's Qualifying Exigency	COP - USPS - FMLA	71	03	07199		Wed 05	
	<input type="checkbox"/> To Care for an Injured or Ill Military Family Member	Court Duty	61		06100		Thur 06	
		Donated	45		04500		Fri 07	
		Donated - FMLA	46		04600		Sat 08	
		HQ Authorized Administrative	79		07900		Sun 09	
I am requesting Family and Medical Leave Act (FMLA) protection for this absence:		Holiday - AL Leave Exchange	28		02800		Mon 10	
<input type="checkbox"/> This request is associated with a new condition. (You will receive an FMLA packet in the mail with forms and instructions.)		LWOP - Part Day	59		05900		Tue 11	
<input type="checkbox"/> My approved or pending approval case number for this condition is:		LWOP - Part Day - FMLA	59	05	05999		Wed 12	
		LWOP - Full Day	60		06000		Thur 13	
		LWOP - Full Day - FMLA	60	06	06099		Fri 14	
		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		05908 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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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.