

Please fill out the following form. You can save data typed into this form.

Highlight Existing Fields

Click on Tools to convert PDF documents to Word or Excel.

Request for or Notification of Absence

UNITED STATES POSTAL SERVICE

Employee's Name (Print last, first, MI) _____ Employee ID _____ Date Submitted (MM/DD/YYYY) _____ No. of Hours Requested _____

Installation (For postmaster's leave, show city, state, and ZIP Code) _____ NYS 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

Annual
 Holiday/AL Lv Exch
 Carrier 70H Rule
 LWOP (See reverse)
 Sick (See reverse)
 Late
 OOP (See reverse)
 Other _____

Documentation (For official use only)

FMLA Requested (Certification review - HRSSC)
 For OOP Leave (CAI on file)
 For Advanced Sick Leave (PS 1221 on file)
 For Military Leave (Dates reviewed)
 For Court Leave (Summons reviewed)
 For Higher Level (PS 1723 on file)
 Schema Training/Testing/Qualifying (Memo on file)

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

Approved
 Disapproved (Give reason below) _____

Do not check an FMLA box until you verify the FMLA designation.
 FMLA Designation is PENDING
 FMLA Protected
 Not FMLA Protected

Continued on reverse

PS Form 3971, December 2011 (Page 1 of 2) PSN 7630-02-000-9136

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).

Reason I was incapacitated for duty during this absence:

Sickness
 On-the-Job Injury
 Off-the-Job Injury
 Exposed to a Contagious Disease
 Pregnancy, Prenatal Care, or Childbirth

Reason I was/will be unavailable for duty during this absence:

Sick Leave for Dependent care (See ELM)
 Birth of a Child/Bonding
 To Care for a Family Member (See ELM)

I am requesting Family and Medical Leave Act (FMLA) protection for this absence:

This request is associated with a new condition. (You will receive an FMLA packet in the mail with forms and instructions.)
 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:

Privacy Act Statement: Your information will be used to administer leave. Collection is authorized by 50 USC 401, 404, 1001, 1003, and 1005; and 50 USC 2501 w/seq. Providing the information is voluntary, but if not provided, we may not process your request. Your information may be disclosed as follows: in subsequent 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.

Reason I was incapacitated for duty during this absence:	Leave Types and Codes (Information Only)	Time Card	FMLA Dep. Code	Time Clock	SCHEDULED	UN-SCHEDULED	PP	Year
<input type="checkbox"/> Sickness	Annual	55		05500				
<input type="checkbox"/> On-the-Job Injury	Annual - FMLA	55	01	05500				
<input type="checkbox"/> Off-the-Job Injury	Sick	56		05600				
<input type="checkbox"/> Exposed to a Contagious Disease	Sick - FMLA	56	02	05600				
<input type="checkbox"/> Pregnancy, Prenatal Care, or Childbirth	Sick - Dependent Care	56	06	05607				
	Sick - Dependent Care - FMLA	56	07	05608				
	Absent Without Leave	24		02400				
	Act of Nature	78		07800				
	Blood Donor	60		06000				
	Civil Defense	77		07700				
	Civil Disorder	61		06100				
	OOP - USPS	74		07400				
	OOP - USPS - FMLA	74	03	07400				
	Court Duty	61		06100				
	Donated	45		04500				
	Domestic - FMLA	46		04600				
	14D Authorized Administrative	79		07900				
	Holiday - AL Leave Exchange	28		02800				
	LWOP - Part Day	50		05000				
	LWOP - Part Day - FMLA	50	05	05000				
	LWOP - Full Day	60		06000				
	LWOP - Full Day - FMLA	60	06	06000				
	LWOP - ID/OVWOP	40		04000				
	LWOP - ID/OVWOP - FMLA	40	04	04000				
	LWOP - In Lieu of Sick Leave	50 or 60		05001 or 06001				
	LWOP - Maternity	50 or 60		05005 or 06005				
	LWOP - Military	44		04400				
	LWOP - Personal Reasons	50 or 60		05003 or 06003				
	LWOP - Professed	50 or 60		05002 or 06002				
	LWOP - Suspension	50 or 60		05006 or 06006				
	LWOP - Suspension Fund Term	50 or 60		05008 or 06008				
	LWOP - Union Official	64		06400				
	Military	67		06700				
	Relocation	60		06000				
	Voting Leave	65		06500				
	Other Paid Leave	66		06600				

PS Form 3971, December 2011 (Page 2 of 2) PSN 7630-02-000-9136