



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	UNSCCHEDULED	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			Day	Init.	Hours
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 type="checkbox"/> Other _____	Documentation (For official use only)		Revised Schedule for (Date)	Approved in Advance				Sat 01		
	<input type="checkbox"/> FMLA Requested (Certification review - HRSSC) <input type="checkbox"/> For COP Leave (CA1 on file)		Begin Work	<input type="checkbox"/> Yes <input type="checkbox"/> No				Sun 02		
	<input type="checkbox"/> For Advanced Sick Leave (PS 1221 on file) <input type="checkbox"/> For Military Leave (Orders reviewed)		Lunch Out	Lunch In				Mon 03		
	<input type="checkbox"/> For Court Leave (Summons reviewed) <input type="checkbox"/> For Higher Level (PS 1723 on file)		End Work					Tue 04		
	<input type="checkbox"/> Scheme Training Testing Qualifying (Memo on file)		Total Hours					Wed 05		
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 <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"/> Pregnancy, Prenatal Care, or Childbirth <input type="checkbox"/> On-the-Job Injury <input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Job-related) <input type="checkbox"/> Off-the-Job Injury <input type="checkbox"/> Exposed to a Contagious Disease <input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Not job-related)				Leave Types and Codes (Information Only)	Time Card	FMLA Dep. Care	Time Clock	SCHEDULED	UNSCCHEDULED	PP	Year
Reason I was/will be unavailable for duty during this absence: <input type="checkbox"/> Sick Leave for Dependent Care (See ELM) <input type="checkbox"/> Placement of a Child with Employee for Adoption or Foster Care <input type="checkbox"/> Birth of a Child/Bonding <input type="checkbox"/> A Military Family Member's Qualifying Exigency <input type="checkbox"/> To Care for a Family Member (See ELM) <input type="checkbox"/> To Care for an Injured or Ill Military Family Member				Annual	55		05500				
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.				Annual - FMLA	55	01	05599			Sat 01	
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.				Sick	56		05600			Sun 02	
Additional Documentation Required as follows:				Sick - FMLA	56	02	05699			Mon 03	
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 .				Sick - Dependent Care	56	08	05697			Tue 04	
				Sick - Dependent Care - FMLA	56	07	05698			Wed 05	
				Absent Without Leave	24		02400			Thur 06	
				Act of Nature	78		07800			Fri 07	
				Blood Donor	69		06900			Sat 08	
				Civil Defense	77		07700			Sun 09	
				Civil Disorder	81		08100			Mon 10	
				COP - USPS	71		07100			Tue 11	
				COP - USPS - FMLA	71	03	07199			Wed 12	
				Court Duty	61		06100			Thur 13	
				Donated	45		04500			Fri 14	
				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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