



Request for or Notification of Absence

Employee's Name (Last, First, M.I.)		Employee ID	Date Submitted	No. of Hours Requested	Sched- uled	Un- Sched- uled	PP	Year	
Installation (For PM leave, show city, state, and ZIP code)		N/S Day	Pay Loc. #	D/A Code			From Date	Hour	Day
Time of Call or Request	Scheduled Reporting Time	Employee Can Be Reached At (If needed)		Thru Date	Hour		Sat 01		
		<input type="checkbox"/> No Call					Sun 02		
Type of Absence	Documentation (For official use only)		Revised Schedule for (Date)	Approved in Advance			Mon 03		
<input type="checkbox"/> Annual	<input type="checkbox"/> For FMLA Leave (Certification reviewed)			<input type="checkbox"/> Yes <input type="checkbox"/> No			Tue 04		
<input type="checkbox"/> Holiday/AL Lv Exch	<input type="checkbox"/> For COP Leave (CA1 on file)		Begin Work				Wed 05		
<input type="checkbox"/> Carrier 701 Rule	<input type="checkbox"/> For Advanced Sick Leave (1221 on file)		Lunch-Out				Thur 06		
<input type="checkbox"/> LWOP (See reverse)	<input type="checkbox"/> For Military Leave (Orders reviewed)		Lunch-In				Fri 07		
<input type="checkbox"/> Sick (See reverse)	<input type="checkbox"/> For Court Leave (Summons reviewed)		End Work				Sat 08		
<input type="checkbox"/> Late	<input type="checkbox"/> For Higher Level (1723 on file)						Sun 09		
<input type="checkbox"/> COP	<input type="checkbox"/> Scheme Training Testing, Qualifying (Memo on file)		Total Hours				Mon 10		
<input type="checkbox"/> Other: _____							Tue 11		
Remarks (Do not enter medical information)									
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			Wed 12		
Official Action on Application (Return copy of signed request to employee)									
<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): _____								Thur 13	
<input type="checkbox"/> Ineligible for FMLA (Estimate eligibility date): _____								Fri 14	
								<input type="checkbox"/> Continued on Reverse	

PS Form 3971, March 2008 (Page 1 of 2) PSN 7530-02-000-9136

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)

Employee: Reason I Was Incapacitated for Duty During this Absence		Leave Types (Information Only)			CODES		Sched- uled	Un- Sched- uled	PP	Year	
<input type="checkbox"/> Sickness	<input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Job related)	Leave Type	Timecard	FMLA/Dep. Care	Time Clock	Day				Init.	Hours
<input type="checkbox"/> On-the-Job Injury		Annual - FMLA	55	01	05599						
<input type="checkbox"/> Off-the-Job Injury		Sick - FMLA	56	02	05699		Sat 01				
<input type="checkbox"/> Pregnancy and Confinement	<input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Not job related)	Sick - Dependent Care	56	07	05697						
<input type="checkbox"/> Exposed to a Contagious Disease		Absent Without Leave	24		02400		Sun 02				
Reason I Was Unavailable for Duty During This Absence		Act of God	78		07800						
<input type="checkbox"/> Sick Leave for Dependent Care	<input type="checkbox"/> Placement of a Child with Employee for Adoption or Foster Care	Blood Donor	69		06900		Mon 03				
<input type="checkbox"/> Birth of Child - Bonding		Civil Defense	77		07700						
Supervisor: Additional Documentation Regarding Denial of Leave Protection Under FMLA		Civil Disorder	81		08100		Tue 04				
<input type="checkbox"/> Employee Not Eligible -- Less than 1250 Hours Worked.		COP - USPS	71		07100						
<input type="checkbox"/> Employee Not Eligible -- Not Employed with USPS 1 Year.		COP - USPS - FMLA	71	03	07199		Wed 05				
<input type="checkbox"/> Employee Has Exhausted FMLA Entitlement in Current Leave Year.		Convention	66		06600						
<input type="checkbox"/> Absence Not for a Covered Condition.		Court Duty	61		06100		Thur 06				
<input type="checkbox"/> Absence Not for a Covered Family Member.		Donated - FMLA	46		04600						
<input type="checkbox"/> Requested Documentation Not Provided.		HQ Authorized Administrative	79		07900		Fri 07				
<input type="checkbox"/> Documentation Provided. Does Not Meet Criteria for FMLA Protection.		Holiday/AL Leave Exchange	28		02800						
Additional Documentation Required		LWOP - Part Day	59		05900		Sat 08				
		LWOP - Full Day	60		06000						
		LWOP - FMLA - Part Day	59	05	05999		Sun 09				
		LWOP - FMLA - Full Day	60	06	06099						
		LWOP - IOD/OWCP-- FMLA	49	04	04999		Mon 10				
		LWOP - IOD/OWCP - not FMLA	49		04900						
		LWOP - Lieu of Sick Leave	59 or 60		05901 or 06001		Tue 11				
		LWOP - Maternity	59 or 60		05905 or 06005						
		LWOP - Military	44		04400		Wed 12				
		LWOP - Personal Reasons	59 or 60		05903 or 06003						
		LWOP - Proffered	59 or 60		05902 or 06002		Thur 13				
		LWOP - Suspension	59 or 60		05906 or 06006						
		LWOP - Suspension Pend. Tem.	59 or 60		05908 or 06008		Fri 14				
		LWOP - Union Official	84		08400						
		Military	67		06700						
		Relocation	80		08000						
		Veteran's Funeral	86		08600						
		Voting Leave	85		08500						
		Other Paid	86		08600						

PS Form 3971, March 2008 (Page 2 of 2)

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.