



Request for or Notification of Absence

Employee's Name (Last, First, M.I.)		Social Security No.	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	Day	
Time of Call or Request	Scheduled Reporting Time	Employee Can Be Reached At (if needed) <input type="checkbox"/> No Call		Thru Date	Hour	Sat 01	Init. Hours		
Type of Absence <input type="checkbox"/> Annual <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: _____	Documentation (For official use only) <input type="checkbox"/> For FMLA Leave (Certification reviewed) <input type="checkbox"/> For COP Leave (CA 1 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 (I 723 on Me) <input type="checkbox"/> Scheme Training Testing, Qualifying (Memo on file)		Revised Schedule for (Date) Begin Work _____ Lunch-Out _____ Lunch-in _____ End Work _____ Total Hours _____		Approved in Advance <input type="checkbox"/> Yes <input type="checkbox"/> No		Mon 03		
	Remarks (Do not enter medical information)							Tue 04	
<p>I understand that the annual leave authorized in excess of amount available to me during the leave year will be changed to LWOP.</p> 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, not FMLA* <input type="checkbox"/> Approved, FMLA (See Publication 71) <input type="checkbox"/> Approved FMLA, Pending Documentation Noted on Reverse.					Signature of Supervisor and Date			Wed 11	
<input type="checkbox"/> Disapproved (Give reason): _____					<input type="checkbox"/> Continued on Reverse			Thur 13	
<input type="checkbox"/> Ineligible for FMLA (Estimate eligibility date): _____								Fri 14	

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Warning. The furnishing of false information on this form may result in a fine of not more than \$1 0,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)

During This Absence, I Was Incapacitated for Duty by: <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"/> Off-the-Job injury <input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Not job related) <input type="checkbox"/> Pregnancy and Confinement <input type="checkbox"/> Exposed to a Contagious Disease	Leave Types (Information Only)			scheduled UN- Scheduled	PP	Year
	Leave Type	Time Card Code	PSDS Code		Day	Init. Hours
During This Absence, I Was Unavailable for Duty Because- <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	AL-FMLA	55/01	32	Sat		
	SL-FMLA	56/02	33	01		
Additional Information Regarding Denial of Leave Protection Under FMLA: <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.	LWOP - FMLA - Part Day	59/05	36	Sun		
	LWOP - FMLA - Full Day	60/06	37	02		
Additional Documentation Required _____ _____ _____	LWOP Lieu of Sick Leave	59/60	20	Mon		
	LWOP Proffered	59/60	21	03		
Privacy Act: The collection of this information is authorized by 39 USC 401. 1001, 1003, 1005; 5 JSC 8339; and Public Law 103-3. This information will be used to grant or deny your request for official leave from Postal Service duty. It may be disclosed under the routine uses given in Privacy Act system notices USPS 050.020 and USPS 120.070 (see appendix of Administrative Support Manual or, if you wish to obtain a copy of these notices contact your personnel office). Completion of this form is voluntary. If this information is not provided, Official leave may not be granted.	LWOP Personal Reasons	59/60	22	Tue		
	LWOP Part Day	59	23	04		
	LWOP Full Day	60	23	Wed		
	LWOP AWOL	59/60	24	05		
	LWOP IOD (Not FMLA) - OWCP	49	25	Thur		
	LWOP Maternity	59/60	26	06		
	LWOP Suspension	59/60	27	Fri		
	LWOP Union Official	84	28	07		
	LWOP Suspension Pending Termination	59/60	29	Sat		
	Continuation of Pay USPS	71	03	08		
	Continuation of Pay USPS-FMLA	71/03	34	Sun		
	Continuation of Pay FMLA-IOD-OWCP	49/04	35	09		
	Court Duty	61	04	Mon		
	Military Leave	67	05	10		
	Postmaster's Organization	89.	08	Tue		
	Blood Donor Leave	69	09	11		
	Other Paid Leave	86	10	Wed		
	Convention Leave	66	12	12		
	Acts of God	78	13	Thur		
	Veteran's Funeral	86	10	13		
	Relocation	80	15	F d		
	Civil Defense	77	16	14		
	Civil Disorder	81	17			
	Voting Leave	85	18			