

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:		Thru: Date	Hour			Day	Init.	Hours
<input type="checkbox"/> Do not call		Documentation (For official use only)		Revised Schedule for (Date)	Approved in Advance			Set		
<input type="checkbox"/> Annual <input type="checkbox"/> Holiday/AL Lx 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 checked="" type="checkbox"/> Other 086-21		<input type="checkbox"/> FMLA Requested (Certification review - HRSSC) <input type="checkbox"/> For COP Leave (CAF on file) <input type="checkbox"/> For Advanced Sick Leave (PS 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 (PS 1723 on file) <input type="checkbox"/> Scheme Training Testing Qualifying (Memo on file)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			Sun		
Begin Work		Lunch Out		Lunch In			Mon			
End Work		Total Hours					Tue			
							Wed			
							Thur			
							Fri			
							Sat			
							Sun			
							Mon			
							Tue			
							Wed			
							Thur			
							Fri			
							Sat			
							Sun			

PS Form 3971, October 2017 (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. 1007).

Reason I was incapacitated for duty during this absence: <input type="checkbox"/> Sickness <input type="checkbox"/> On-the-Job Injury <input type="checkbox"/> Off-the-Job Injury <input type="checkbox"/> Exposed to a Contagious Disease <input type="checkbox"/> Pregnancy, Prenatal Care, or Childbirth <input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Job-related) <input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Not job-related)		Leave Types and Codes (Information Only) Annual 55 0500 Annual - FMLA 55 01 0500 Sick 56 0500 Sick - FMLA 56 02 0500 Sick - Dependent Care 56 08 0500 Sick - Dependent Care - FMLA 56 07 0500 Absent Without Leave 24 0200 Act of Nature 78 0700 Blood Donor 89 0800 Civil Defense 77 0700 Civil Disorder 81 0800 COP - USPS 71 0700 COP - USPS - FMLA 71 03 0700 Court Duty 61 0800 Donated 45 0400 Donated - FMLA 45 0400 HQ Authorized Administrative 79 0700 Holiday - AL Leave Exchange 28 0200 LWOP - Part Day 59 0500 LWOP - Part Day - FMLA 59 05 0500 LWOP - Full Day 60 0600 LWOP - Full Day - FMLA 60 06 0600 LWOP - IDD/OWCP 49 0400 LWOP - IDD/OWCP - FMLA 49 04 0400 LWOP - In Lieu of Sick Leave 59 or 60 0500 or 0600 LWOP - Maternity 59 or 60 0500 or 0600 LWOP - Military 44 0400 LWOP - Personal Reasons 59 or 60 0500 or 0600 LWOP - Proffered 59 or 60 0500 or 0600 LWOP - Suspension 59 or 60 0500 or 0600 LWOP - Suspension Pend Term 59 or 60 0500 or 0600 LWOP - Union Official 64 0600 Military 67 0600 Relocation 80 0800 Voting Leave 65 0600 Other Paid Leave 66 0600	Time Card FMLA Dep. Care Time Clock	SCHEDULED	UNSCHEDULED	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"/> Birth of a Child/Bonding <input type="checkbox"/> To Care for a Family Member (See ELM) <input type="checkbox"/> Placement of a Child with Employee for Adoption or Foster Care <input type="checkbox"/> A Military Family Member's Qualifying Exigency <input type="checkbox"/> To Care for an Injured or Ill Military Family Member							
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.							
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.							
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, 1005, and 1006; 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 .							