



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 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									
Type of Absence	Documentation (For official use only)		Revised Schedule for (Date)	Approved in Advance		Sat 01					
<input type="checkbox"/> Annual	<input type="checkbox"/> FMLA Requested (Certification review - HRSSC)		Begin Work	<input type="checkbox"/> Yes <input type="checkbox"/> No		Sun 02					
<input type="checkbox"/> Holiday/AL Lv Exch	<input type="checkbox"/> For COP Leave (CA1 on file)		Lunch Out	Lunch In		Mon 03					
<input type="checkbox"/> Carrier 701 Route	<input type="checkbox"/> For Advanced Sick Leave (PS 1221 on file)		End Work			Tue 04					
<input type="checkbox"/> LWOP (See reverse)	<input type="checkbox"/> For Military Leave (Orders reviewed)		Total Hours			Wed 05					
<input type="checkbox"/> Sick (See reverse)	<input type="checkbox"/> For Court Leave (Summons reviewed)										
<input type="checkbox"/> Late	<input type="checkbox"/> For Higher Level (PS 1723 on file)										
<input type="checkbox"/> COP (See reverse)	<input type="checkbox"/> Scheme Training Testing Qualifying (Memo on file)										
<input type="checkbox"/> Other _____											
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		Do not check an FMLA box until you verify the FMLA designation.		Signature of Supervisor and Date							
<input type="checkbox"/> Disapproved (Give reason below)		<input type="checkbox"/> FMLA Designation is PENDING		<input type="checkbox"/> Continued on reverse							
		<input type="checkbox"/> FMLA Protected									
		<input type="checkbox"/> Not FMLA Protected									

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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:	Reason I was/will be unavailable for duty during this absence:	I am requesting Family and Medical Leave Act (FMLA) protection for this absence:	Additional Documentation Required as follows:	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 .	Leave Types and Codes (Information Only)	Time Card	FMLA Dep. Care	Time Clock	SCHEDULED UNSCHEDULED	PP	Year																																																																																																																																																																																																																																																												
												<input type="checkbox"/> Sickness	<input type="checkbox"/> Pregnancy, Prenatal Care, or Childbirth	<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"/> This request is associated with a new condition. (You will receive an FMLA packet in the mail with forms and instructions.)	<input type="checkbox"/> LWOP - Part Day	<input type="checkbox"/> LWOP - Part Day - FMLA	<input type="checkbox"/> LWOP - Full Day	<input type="checkbox"/> LWOP - Full Day - FMLA	<input type="checkbox"/> LWOP - IOD/OWCP	<input type="checkbox"/> LWOP - IOD/OWCP - FMLA	<input type="checkbox"/> LWOP - In Lieu of Sick Leave	<input type="checkbox"/> LWOP - Maternity	<input type="checkbox"/> LWOP - Military	<input type="checkbox"/> LWOP - Personal Reasons	<input type="checkbox"/> LWOP - Proffered	<input type="checkbox"/> LWOP - Suspension	<input type="checkbox"/> LWOP - Suspension Pend Term	<input type="checkbox"/> LWOP - Union Official	<input type="checkbox"/> Military	<input type="checkbox"/> Relocation	<input type="checkbox"/> Voting Leave	<input type="checkbox"/> Other Paid Leave																																																																																																																																																																																																																																					
<input type="checkbox"/> On-the-Job Injury	<input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Job-related)	<input type="checkbox"/> Birth of a Child/Bonding	<input type="checkbox"/> A Military Family Member's Qualifying Exigency	<input type="checkbox"/> Off-the-Job Injury	<input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Not job-related)	<input type="checkbox"/> To Care for a Family Member (See ELM)	<input type="checkbox"/> To Care for an Injured or Ill Military Family Member	<input type="checkbox"/> Exposed to a Contagious Disease				<input type="checkbox"/> Annual	55		05500	Sat 01			Annual - FMLA	55	01	05599	Sun 02			Sick	56		05600	Mon 03			Sick - FMLA	56	02	05699	Tue 04			Sick - Dependent Care	56	08	05697	Wed 05			Sick - Dependent Care - FMLA	56	07	05698	Thur 06			Absent Without Leave	24		02400	Fri 07			Act of Nature	78		07800	Sat 08			Blood Donor	69		06900	Sun 09			Civil Defense	77		07700	Mon 10			Civil Disorder	81		08100	Tue 11			COP - USPS	71		07100	Wed 12			COP - USPS - FMLA	71	03	07199	Thur 13			Court Duty	61		06100	Fri 14			Donated	45		04500				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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