



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			
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	
	I understand that the annual leave authorized in excess of amount available to me during the leave year will be changed to LWOP.							Wed 05	
	Employee's Signature and Date		Signature of Person Recording Absence and Date		Signature of Supervisor and Date Notified		Thur 06		
	Official Action on Application (Return copy of signed request to employee)							Fri 07	
	<input type="checkbox"/> Approved, not FMLA*		<input type="checkbox"/> Approved, FMLA (See Publication 71)		<input type="checkbox"/> Approved FMLA, Pending Documentation Noted on Reverse.		Sat 08		
	<input type="checkbox"/> Disapproved (Give reason): _____				Signature of Supervisor and Date		Mon 09		
<input type="checkbox"/> Ineligible for FMLA (Estimate eligibility date): _____				<input type="checkbox"/> Continued on Reverse		Tue 10			
							Wed 11		
							Thur 12		
							Fri 13		
							Sat 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.		Leave Types (Information Only)			Scheduled UN- Scheduled	PP	Year
<input type="checkbox"/> Sickness	<input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Job related)	Leave Type	Time Card Code	PSDS Code		Day	Init.
<input type="checkbox"/> On-the-Job Injury	<input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Not job related)	AL-FMLA	55/01	32	Sat 01		
<input type="checkbox"/> Off-the-Job injury		SL-FMLA	56/02	33	Sun 02		
<input type="checkbox"/> Pregnancy and Confinement		LWOP - FMLA - Part Day	59/05	36	Mon 03		
<input type="checkbox"/> Exposed to a Contagious Disease		LWOP - FMLA - Full Day	60/06	37	Tue 04		
During This Absence, I Was Unavailable for Duty Because-		LWOP Lieu of Sick Leave	59/60	20	Wed 05		
<input type="checkbox"/> Sick Leave for Dependent Care	<input type="checkbox"/> Placement of a Child with Employee for Adoption or Foster Care	LWOP Proffered	59/60	21	Thur 06		
<input type="checkbox"/> Birth of Child - Bonding		LWOP Personal Reasons	59/60	22	Fri 07		
Additional Information Regarding Denial of Leave Protection Under FMLA:		LWOP Part Day	59	23	Sat 08		
<input type="checkbox"/> Employee Not Eligible - Less than 1250 Hours Worked.		LWOP Full Day	60	23	Sun 09		
<input type="checkbox"/> Employee Not Eligible -- Not Employed with USPS 1 Year		LWOP AWOL	59/60	24	Mon 10		
<input type="checkbox"/> Employee Has Exhausted FMLA Entitlement in Current Leave Year.		LWOP IOD (Not FMLA) - OWCP	49	25	Tue 11		
<input type="checkbox"/> Absence Not for a Covered Condition.		LWOP Maternity	59/60	26	Wed 12		
<input type="checkbox"/> Absence Not for a Covered Family Member.		LWOP Suspension	59/60	27	Thur 13		
<input type="checkbox"/> Requested Documentation Not Provided,		LWOP Union Official	84	28	Fri 14		
<input type="checkbox"/> Documentation Provided. Does Not Meet Criteria for FMLA Protection.		LWOP Suspension Pending Termination	59/60	29	Sat 15		
Additional Documentation Required		Continuation of Pay USPS	71	03	Sun 16		
		Continuation of Pay USPS-FMLA	71/03	34	Mon 17		
		Continuation of Pay FMLA-IOD-OWCP	49/04	35	Tue 18		
		Court Duty	61	04	Wed 19		
		Military Leave	67	05	Thur 20		
		Postmaster's Organization	89.	08	Fri 21		
		Blood Donor Leave	69	09	Sat 22		
		Other Paid Leave	86	10	Sun 23		
		Convention Leave	66	12	Mon 24		
		Acts of God	78	13	Tue 25		
		Veteran's Funeral	86	10	Wed 26		
		Relocation	80	15	Thur 27		
		Civil Defense	77	16	Fri 28		
		Civil Disorder	81	17	Sat 29		
		Voting Leave	85	18	Sun 30		

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