

POSTAL SERVICE ®							Notifica	uon	01 /	1	ence
Employee's Name (Print last, first, Ml.) Installation (For postmaster's leave, show city, state, and ZIP Code)		Employee	Employee ID		Date Submitted (MM/DD/YYYY)		No. of Hours Requested		PP	Year	
			N/S Day	Pay Loc. No.	D/A Code	From: Date	Hour	SCHEDULED	1		
Time of Call or Request	Scheduled Reporting Time	If Neede	d, Employee	_l Can Be Reache		Thru: Date	Hour	SOS	- Day	lania.	Harris
Type of Absence	Documentation (For official use	only)		Revised Sche	Do not call	Approved in	Advance		Day	Init.	Hours
Annual	`	MLA Requested (Certification review – HRSSC)			dale for (bate)	Yes		Sat 01			
☐ Holiday/AL Lv Exch	For COP Leave (CA1 on file							Sun			
Carrier 701 Route	For Advanced Sick Leave	*)	Begin Work					02		
LWOP (See reverse)	reviewed)	*		Lunch Out				Mon 03			
☐ Sick (See reverse) ☐ Late	For Court Leave (Summor	s reviewed)		End Work				1	Tue 04		
COP (See reverse)	☐ For Higher Level (PS 1723	on file)	file)		Total Hours				Wed		
Other	ualifying (Memo on file)		Iotal Hours	a i iouis				05 Thur			
Remarks (Do not enter medical inf	ormation. See Privacy Act Statement	on reverse of this	form.)						06		
									Fri 07		
									Sat		
understand that the annu-	al leave authorized in excess	of the amou	ınt available	to me during	g the leave yea	ar will be cha	rged to LWOP.		08		
Employee's Signature and Date Signature of Pe			rding Absenc	e and Date	Signature of Si	upervisor and	Date Notified		Sun 09		
									Mon 10		
Official Action on Applic	ation (Return copy of signe	d request to	employee.)					Tue		
☐ Approved ☐ Do not check		ck an FMLA b	an FMLA box until you verify the		Signature of Supervisor and Date				11		
Disappress and (Cities reason haloss)		FMLA designation.							Wed 12		
Disapproved (Give reason		Designation is	PENDING					-	Thur 13		
	<u></u>	Protected		Ir	Continued on	reverse			Fri		
	☐ Not FM	LA Protected			- Continued on	TOVETSC			14		
'S Form 3971 , July 2021	(Page 1 of 2) PSN 7530-02	2-000-9136					ition on this form ore than 5 years,				
Reason I was incapacita	ated for duty during this al	sence:		Types and Cod	es Time Card		Time Clock	G G	PP	Year	

Reason I was incapacitat	ted for duty during this absence:	Leave Types and Codes (Information Only)	Time Card	FMLA Dep. Car	Time Clock	ED ED	PP	Year	
☐ Sickness	☐ Pregnancy, Prenatal Care, or Childbirth	Annual	55		05500				
On the Joh Jairus	□ Undergoing Medical Dental or Ontical	Annual – FMLA	55	01	05599	111 111			
☐ On-the-Job Injury	☐ Undergoing Medical, Dental, or Optical Examination or Treatment (Job-related)	Sick	56		05600	SCHI			
☐ Off-the-Job Injury	Examination of freatment (Job-related)	Sick - FMLA	56	02	05699	SC			
, ,	☐ Undergoing Medical, Dental, or Optical Examination or Treatment (Not job-related)	Sick - Dependent Care	56	08	05697				
☐ Exposed to a Contagious Disease		Sick - Dependent Care - FMLA	56	07	05698				
		Absent Without Leave	24		02400		Day	Init.	Hours
		Act of Nature	78		07800		Sat		
December 1		Blood Donor	69		06900		01		i
Reason I was/will be unavailable for duty during this absence:		Civil Defense	77		07700		Sun		
☐ Sick Leave for Dependen	t	Civil Disorder	81		08100		02		
Care (See ELM)		COP - USPS	71		07100		Mon		
☐ Birth of a Child/Bonding	'	COP - USPS - FMLA	71	03	07199		03		
	☐ A Military Family Member's Qualifying	Court Duty	61		06100		Tue		
□ To Care for a Family	Exigency	Donated	45		04500		04		
Member (See ELM)	☐ To Care for an Injured or III Military	Donated - FMLA	46		04600		Wed 05		
	Family Member	HQ Authorized Administrative	79		07900				
	I airilly Merriber	Holiday – AL Leave Exchange	28		02800		Therm		
I am requesting Family and Medical Leave Act (FMLA) protection for this absence: This request is associated with a new condition. (You will receive an FMLA packet in the mail with forms and instructions.)		LWOP - Part Day	59		05900		Thur 06		
		LWOP - Part Day - FMLA	59	05	05999				
		LWOP - Full Day	60		06000		Fri 07		
		LWOP - Full Day - FMLA	60	06	06099				
		LWOP - IOD/OWCP	49		04900		Sat 08		
☐ My approved or pending approval case number for this condition is:		LWOP - IOD/OWCP - FMLA	49	04	04999				
		LWOP - In Lieu of Sick Leave	59 or 60		05901 or 06001		Sun 09		
Employee must not be asked to disclose personal medical information to local management. FMLA certification must be mailed to HRSSC.		LWOP - Maternity	59 or 60		05905 or 06005				
		LWOP - Military	44		04400		Mon 10		
Additional Documentation Required as follows:		LWOP - Personal Reasons	59 or 60		05903 or 06003				
		LWOP - Proffered	59 or 60		05902 or 06002		Tue 11		
	LWOP - Suspension	59 or 60		05906 or 06006					
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		LWOP - Suspension Pend Term	59 or 60		05908 or 06008		Wed		
		LWOP - Union Official	84		08400		12		
		Military	67		06700		Thur		
		Relocation	80		08000		13		
		Voting Leave	85		08500		Fri		
information regarding our privacy policies	Other Paid Leave	86		08600		14			