

## **Request for or Notification of Absence**

POS IAL SERVICE ®															
Employee's Name (Print last, first, Ml.)			Employee ID	Dat	te Submitte	ed (MM/DD/	yyyy) No.	of Hours	Requested		ULED	ш-	PP	Year	
nstallation (For postmaster's leave, show city, state, and ZIP Code)			N/S Day	Pay	y Loc. No.	D/A Code	Fro	m: Date	Ho	our	SCHEDULED	NSCHEDUL			
Time of Call or Request Scheduled Reporting Time			If Needed, Em	If Needed, Employee Can Be Reached At: Thru: Date Hour				ur	S(	5-	Day	Init.	Hours		
Type of Absence Documentation (For official use only)				Rev	vised Sche			pproved in	Advance					IIIIL	nours
Annual	FMLA Requested (Certification review – HRSSC)				Revised Schedule for (Date) Approved in Advance					j			Sat 01		
Holiday/AL Lv Exch For COP Leave (CA1 on file)			Begin Work							$\dashv$	$\top$	Sun			
☐ Carrier 701 Route ☐ For Advanced Sick Leave (PS 1221 on file)			Deć	giii vvoik					-		_	02			
LWOP (See reverse)				Lunch Out Lunch In								Mon 03			
Sick (See reverse)				End Work					<del> </del>	$\dashv$	+	Tue			
☐ Late	☐ For Court Leave (Summons reviewed)			End Work					L	_		04			
COP (See reverse)  Grant Training Testing Outlife in the control of the control o			•	Total Hours									Wed 05		
☐ Other ☐ Scheme Training Testing Qualifyii											$\dashv$	+	Thur		
Remarks (Do not enter medical informa	ation. See Privacy A	Act Statement on rev	verse of this form.,	)						L		$\perp$	06		
													Fri 07		
											$\dashv$		Sat		
understand that the annual le	eave authorize	d in excess of t	the amount a	amount available to me during the leave year will be charged to				rged to LI	WOP.			08			
			rson Recording Absence and Date			Signature of Supervisor and D			Date Noti	ified		Τ	Sun		
							-			or constitution	425	+	09 Mon		
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Official Action on Application	on (Return co	py of signed re	equest to em	nployee.)							$\neg$		Tue		
Approved		Do not check a		ntil you verify t	the Si	ignature of	Superviso	r and Date	)	<b>—</b>	$\dashv$	$\dashv$	11 Wod		
☐ Disapproved (Give reason belo	OW)	FMLA designati											Wed 12		
— Disapproved (Give reason below)		FMLA Desig	gnation is PEND	DING		•			-				Thur		
			ected		-	Cantin	od			- }		$\dashv$	13		
			☐ Not FMLA Protected			☐ Continue			ed on reverse				Fri		
PS Form <b>3971</b> , December 2	2011 (Page 1 d			36 <b>V</b>		The furnish 000 or impi									
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