



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	Init.
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		Documentation (For official use only)			Revised Schedule for (Date)		Approved in Advance <input type="checkbox"/> Yes <input type="checkbox"/> No				Sun 02	
<input type="checkbox"/> Annual		<input type="checkbox"/> For FMLA Leave (Certification reviewed)			Begin Work						Mon 03	
<input type="checkbox"/> Carrier 701 Rule		<input type="checkbox"/> For COP Leave (CA 1 on file)									Tue 04	
<input type="checkbox"/> LWOP (See reverse)		<input type="checkbox"/> For Advanced Sick Leave (1221 on file)			Lunch-Out						Wed 05	
<input type="checkbox"/> Sick (See reverse)		<input type="checkbox"/> For Military Leave (Orders reviewed)			Lunch-in						Thur 06	
<input type="checkbox"/> Late		<input type="checkbox"/> For Court Leave (Summons reviewed)			End Work						Fri 07	
<input type="checkbox"/> COP		<input type="checkbox"/> For Higher Level (I 723 on Me)			Total Hours						Sat 08	
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Scheme Training Testing, Qualifying (Memo on file)									Sun 09	
Remarks (Do not enter medical information)												
I understand that the annual leave authorized in excess of amount available to me during the leave year will be changed 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, not FMLA*		<input type="checkbox"/> Approved, FMLA (See Publication 71)		<input type="checkbox"/> Approved FMLA, Pending Documentation Noted on Reverse.		Signature of Supervisor and Date				Wed 11		
<input type="checkbox"/> Disapproved (Give reason): _____										Thur 12		
<input type="checkbox"/> Ineligible for FMLA (Estimate eligibility date): _____										Fri 13		
										Fri 14		

PS Form 3971, April 2001 (Page 1 of 2)

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	
			Leave Type	Time Card Code	PSDS Code			Day	Init.
<input type="checkbox"/> Sickness	<input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Job related)		AL-FMLA	55/01	32	Sat			
<input type="checkbox"/> On-the-Job Injury	<input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Not job related)		SL-FMLA	56/02	33	01			
<input type="checkbox"/> Off-the-Job injury			LWOP - FMLA - Part Day	59/05	36	Sun			
<input type="checkbox"/> Pregnancy and Confinement			LWOP - FMLA - Full Day	60/06	37	02			
<input type="checkbox"/> Exposed to a Contagious Disease			LWOP Lieu of Sick Leave	59/60	20	Mon			
During This Absence, I Was Unavailable for Duty Because-			LWOP Proffered	59/60	21	03			
<input type="checkbox"/> Sick Leave for Dependent Care	<input type="checkbox"/> Placement of a Child with Employee for Adoption or Foster Care		LWOP Personal Reasons	59/60	22	Tue			
<input type="checkbox"/> Birth of Child - Bonding			LWOP Part Day	59	23	04			
Additional Information Regarding Denial of Leave Protection Under FMLA:			LWOP Full Day	60	23	Wed			
<input type="checkbox"/> Employee Not Eligible - Less than 1250 Hours Worked.			LWOP AWOL	59/60	24	05			
<input type="checkbox"/> Employee Not Eligible -- Not Employed with USPS 1 Year			LWOP IOD (Not FMLA) - OWCP	49	25	Thur			
<input type="checkbox"/> Employee Has Exhausted FMLA Entitlement in Current Leave Year.			LWOP Maternity	59/60	26	06			
<input type="checkbox"/> Absence Not for a Covered Condition.			LWOP Suspension	59/60	27	Fri			
<input type="checkbox"/> Absence Not for a Covered Family Member.			LWOP Union Official	84	28	07			
<input type="checkbox"/> Requested Documentation Not Provided,			LWOP Suspension Pending Termination	59/60	29	Sat			
<input type="checkbox"/> Documentation Provided. Does Not Meet Criteria for FMLA Protection.			Continuation of Pay USPS	71	03	08			
Additional Documentation Required			Continuation of Pay USPS-FMLA	71/03	34	Sun			
			Continuation of Pay FMLA-IOD-OWCP	49/04	35	09			
			Court Duty	61	04	Mon			
			Military Leave	67	05	10			
			Postmaster's Organization	89.	08	Tue			
			Blood Donor Leave	69	09	11			
			Other Paid Leave	86	10	Wed			
			Convention Leave	66	12	12			
			Acts of God	78	13	Thur			
			Veteran's Funeral	86	10	13			
			Relocation	80	15	F d			
			Civil Defense	77	16	14			
			Civil Disorder	81	17				
			Voting Leave	85	18				

PS Form 3971, April 2001 (Page 2 of 2)

Privacy Act: The collection of this information is authorized by 39 USC 401, 1001, 1003, 1005; 5 JSC 8339; and Public Law 103-3. This information will be used to grant or deny your request for official leave from Postal Service duty. It may be disclosed under the routine uses given in Privacy Act system notices USPS 050.020 and USPS 120.070 (see appendix of Administrative Support Manual or, if you wish to obtain a copy of these notices contact your personnel office). Completion of this form is voluntary. If this information is not provided, Official leave may not be granted.