



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.	Hours
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)		Approved in Advance <input type="checkbox"/> Yes <input type="checkbox"/> No		Mon 03			
	Begin Work						Tue 04			
	Lunch-Out						Wed 05			
	Lunch-in						Thur 06			
	End Work						Fri 07			
	Total Hours						Sat 08			
	Remarks (Do not enter medical information)						Sun 09			
<p>I understand that the annual leave authorized in excess of amount available to me during the leave year will be changed to LWOP.</p>										
Employee's Signature and Date		Signature of Person Recording Absence and Date		Signature of Supervisor and Date Notified		Mon 10				
Official Action on Application (Return copy of signed request to employee)										
<input type="checkbox"/> Approved, not FMLA*		<input type="checkbox"/> Approved, FMLA <small>(See Publication 71)</small>		<input type="checkbox"/> Approved FMLA, Pending Documentation Noted on Reverse.		Signature of Supervisor and Date				
<input type="checkbox"/> Disapproved (Give reason): _____										
<input type="checkbox"/> Ineligible for FMLA (Estimate eligibility date): _____				<input type="checkbox"/> Continued on Reverse						
						Tue 11				
						Wed 12				
						Thur 13				
						Fri 14				

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