



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 (CA1 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 (1723 on file) <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			
							Sun 09			
Remarks (Do not enter medical information)								Mon 10		
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				Tue 11		
Official Action on Application (Return copy of signed request to employee)						Signature of Supervisor and Date		Wed 12		
<input type="checkbox"/> Approved, not FMLA*		<input type="checkbox"/> Approved, FMLA (See Publication 71)		<input type="checkbox"/> Approved FMLA, Pending Documentation Noted on Reverse.				Thur 13		
<input type="checkbox"/> Disapproved (Give reason): _____										Fri 14
<input type="checkbox"/> Ineligible for FMLA (Estimate eligibility date): _____						<input type="checkbox"/> Continued on Reverse				

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.	Hours		
<input type="checkbox"/> Sickness	<input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Job related)	55/01	32			Sat				
<input type="checkbox"/> On-the-Job Injury		56/02	33			01				
<input type="checkbox"/> Off-the-Job Injury		59/05	36			Sun				
<input type="checkbox"/> Pregnancy and Confinement	<input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Not job related)	60/06	37			02				
<input type="checkbox"/> Exposed to a Contagious Disease		59/60	20			Mon				
		59/60	21			03				
		59/60	22			Tue				
		59	23			04				
		60	23			Wed				
		59/60	24			05				
		49	25			Thur				
		59/60	26			06				
		59/60	27			Fri				
		84	28			07				
		59/60	29			Sat				
		71	03			08				
		71/03	34			Sun				
		49/04	35			09				
		61	04			Mon				
		67	05			10				
		89	08			Tue				
		69	09			11				
		86	10			Wed				
		66	12			12				
		78	13			Thur				
		86	10			13				
		80	15			Fri				
		77	16			14				
		81	17							
		85	18							

During This Absence, I Was Unavailable for Duty Because:

- Sick Leave for Dependent Care Placement of a Child with Employee for Adoption or Foster Care
- Birth of Child - Bonding

Additional Information Regarding Denial of Leave Protection Under FMLA:

- Employee Not Eligible -- Less than 1250 Hours Worked.
- Employee Not Eligible -- Not Employed with USPS 1 Year.
- Employee Has Exhausted FMLA Entitlement in Current Leave Year.
- Absence Not for a Covered Condition.
- Absence Not for a Covered Family Member.
- Requested Documentation Not Provided.
- Documentation Provided. Does Not Meet Criteria for FMLA Protection.

Additional Documentation Required

Privacy Act: The collection of this information is authorized by 39 USC 401, 1001, 1003, 1005; 5 USC 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.