



# Request for or Notification of Absence

Employee's Name (Last, First, M.I.)		Employee ID	Date Submitted	No. of Hours Requested		Sched- uled	Un- Sched- uled	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			
<b>Type of Absence</b> <input type="checkbox"/> Annual <input type="checkbox"/> Holiday/AL Lv Exch <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: _____	<b>Documentation (For official use only)</b> <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		
Remarks (Do not enter medical information)								Sun 09			
<b>I understand that the annual leave authorized in excess of amount available to me during the leave year will be changed to LWOP.</b>								Mon 10			
Employee's Signature and Date		Signature of Person Recording Absence and Date		Signature of Supervisor and Date Notified					Tue 11		
<b>Official Action on Application (Return copy of signed request to employee)</b>								Wed 12			
<input type="checkbox"/> Approved, not FMLA <input type="checkbox"/> Approved FMLA, Pending Documentation Noted on Reverse. <input type="checkbox"/> Approved, FMLA (See Publication 71)		Signature of Supervisor and Date						Thur 13			
<input type="checkbox"/> Disapproved (Give reason): _____		<input type="checkbox"/> Ineligible for FMLA (Estimate eligibility date): _____ <input type="checkbox"/> Continued on Reverse						Fri 14			

**Employee: Reason I Was Incapacitated for Duty During this Absence**

- Sickness
- On-the-Job Injury
- Off-the-Job Injury
- Pregnancy and Confinement
- Exposed to a Contagious Disease
- Undergoing Medical, Dental, or Optical Examination or Treatment (Job related)
- Undergoing Medical, Dental, or Optical Examination or Treatment (Not job related)

**Reason I Was Unavailable for Duty During This Absence**

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

**Supervisor: Additional Documentation 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 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; and to the EEOC; MSPB or Office of Special Counsel.

Leave Types (Information Only)		CODES		Scheduled	Un-Scheduled	PP			Year		
Leave Type	Timecard	FMLA/Dep. Care	Time Clock			Day	Init.	Hours			
Annual – FMLA	55	01	05599								
Sick – FMLA	56	02	05699			Sat					
Sick - Dependent Care	56	07	05697			01					
Absent Without Leave	24		02400			Sun					
Act of God	78		07800			02					
Blood Donor	69		06900			Mon					
Civil Defense	77		07700			03					
Civil Disorder	81		08100			Tue					
COP - USPS	71		07100			04					
COP - USPS - FMLA	71	03	07199			Wed					
Convention	66		06600			05					
Court Duty	61		06100			Thur					
Donated - FMLA	46		04600			06					
HQ Authorized Administrative	79		07900			Fri					
Holiday/AL Leave Exchange	28		02800			07					
LWOP - Part Day	59		05900			Sat					
LWOP - Full Day	60		06000			08					
LWOP - FMLA - Part Day	59	05	05999			Sun					
LWOP - FMLA - Full Day	60	06	06099			09					
LWOP - IOD/OWCP-- FMLA	49	04	04999			Mon					
LWOP - IOD/OWCP - not FMLA	49		04900			10					
LWOP - Lieu of Sick Leave	59 or 60		05901 or 06001			Tue					
LWOP - Maternity	59 or 60		05905 or 06005			11					
LWOP - Military	44		04400			Wed					
LWOP - Personal Reasons	59 or 60		05903 or 06003			12					
LWOP - Proffered	59 or 60		05902 or 06002			Thur					
LWOP - Suspension	59 or 60		05906 or 06006			13					
LWOP - Suspension Pend. Tem.	59 or 60		05908 or 06008			Fri					
LWOP - Union Official	84		08400			14					
Military	67		06700								
Relocation	80		08000								
Veteran's Funeral	86		08600								
Voting Leave	85		08500								
Other Paid	86		08600								