UNITED STATES POSTAL SERVICE®

Request for or Notification of Absence

Employee's Name (Print last, first, MI.)		Employee ID	Date Submitted (MW/DD/YYYY)		No. of Hours Requested		B	PP	Year	
Installation (For postmaster's leave, show city, state, and ZIP Code)		N/S Day	Pay Loc. No.	D/A Code	From: Date	Hour				
							CH	СН		
Time of Call or Request	Scheduled Reporting Time	If Needed, Employee (Can Be Reache	Be Reached At:		Hour	s			
				Do not call				Day	Init.	Hours
Type of Absence	Documentation (For official use only	ø	Revised Sche	edule for (Date)	Approved in	Advance		Sat	-	
Annual Annual	FMLA Requested (Certification review – HRSSC)				🗆 Yes 🗆 No		\square	Sat 01		
Holiday/AL Lv Exch	For COP Leave (CA1 on file) For Advanced Sick Leave (PS 1221 on file)		Begin Work					Sun 02		
Carrier 701 Route			Lunch Out		Lunch In			Mon		
Sick (See reverse)	For Military Leave (Orders revie	wed)	Lunch Out		Lunch in		\square	03		
	For Court Leave (Summons rev	riewed)	End Work					Tue 04		
COP (See reverse)	For Higher Level (PS 1723 on file)		Total Hours					Wed 06		
□ Other	Scheme Training Testing Quali	Scheme Training Testing Qualifying (Memo on file)								
Remarks (Do not enter medical information. See Privacy Act Statement on reverse of this form.)								Thur 06		
								Fri 07		
							\vdash			
I understand that the annual leave authorized in excess of the amount available to me during the leave year will be charged to LWOP.								Sat 08		
Employee's Signature and Date Signature of Pe		son Recording Absence and Date Signature of S		upervisor and Date Notified			Sun 09			
								Mon 10		
Official Action on Application (Return copy of signed request to employee.)							Tue 11			
Approved	FMLA designat	an FMLA box until you va ion.	erify the Si	gnature of Super	visor and Date		\vdash	Wed 12		
Disapproved (Give reason bel	ow) 🛛 FMLA Desi	gnation is PENDING					\vdash	Thur	+	
	G FMLA Prote	ected						13		
	Not FMLA	Protected		Continued on	reverse			Fri 14		

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Warning: The furnishing of false information on this form may result in a fine of not more than \$10,000 or imprisonment of not more that 5 years, or both (18 U.S.C. 1001).

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	Civil Defense	77		07700		S	·	\rightarrow	
otion or	Civil Disorder	81		08100		0			
Employee for Adoption or Foster Care	COP - USPS	71		07100		M	-	-+	
	COP - USPS - FMLA	71	03	07199		0			
Vember's	Court Duty	61		06100		Τι	-	\rightarrow	
cy	Donated	45		04500					
To Care for an Injured or III Military Family Member	Donated – FMLA	46		04600		w	·	-+	
	HQ Authorized Administrative	79		07900		0			
I am requesting Family and Medical Leave Act (FMLA) protection for this absence:		28		02800	\vdash		-	\rightarrow	
		59		05900		0			
This request is associated with a new condition. (You will receive an FMLA packet in the mail with forms and instructions.)		59	05	05999	\vdash	F	_	-+	
		60		06000		6			
his sam dillion is.	LWOP - Full Day - FMLA	60	06	06999		s	-	\rightarrow	
My approved or pending approval case number for this condition is:		49		04900		0			
		49	04	04999	\vdash	_	-	\rightarrow	
Employee must not be asked to disclose personal medical information to local management. FMLA certification must be mailed to HRSSC.		59 or 60		05901 or 06001	Sur 09				
		59 or 60		05905 or 06005		-	\rightarrow		
Additional Documentation Required as follows:		44		04400	Mo 10				
		59 or 60		05903 or 06003			-	\rightarrow	
		59 or 60		05902 or 06002	Tue				
	LWOP – Suspension	59 or 60		05906 or 06006		11	·	\rightarrow	
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