



Request for or Notification of Absence

Employee's Name (Print last, first, MI.)		Employee ID	Date Submitted (MM/DD/YYYY)	No. of Hours Requested		SCHEDULED	UNSCHEDULED	PP	Year
Installation (For postmaster's leave, show city, state, and ZIP Code)		N/S Day	Pay Loc. No.	D/A Code	From: Date				
Time of Call or Request	Scheduled Reporting Time	If Needed, Employee Can Be Reached At:		Thru: Date	Hour			Day	Init.
		<input type="checkbox"/> Do not call							
Type of Absence	Documentation (For official use only)	Revised Schedule for (Date)		Approved in Advance					
<input type="checkbox"/> Annual	<input type="checkbox"/> FMLA Requested (Certification review - HRSSC)	Begin Work		<input type="checkbox"/> Yes <input type="checkbox"/> No		Sat 01			
<input type="checkbox"/> Holiday/AL Lv Exch	<input type="checkbox"/> For COP Leave (CA1 on file)	Lunch Out		Lunch In		Sun 02			
<input type="checkbox"/> Carrier 701 Rule	<input type="checkbox"/> For Advanced Sick Leave (PS 1221 on file)	End Work				Mon 03			
<input type="checkbox"/> LWOP (See reverse)	<input type="checkbox"/> For Military Leave (Orders reviewed)	Total Hours				Tue 04			
<input type="checkbox"/> Sick (See reverse)	<input type="checkbox"/> For Court Leave (Summons reviewed)					Wed 05			
<input type="checkbox"/> Late	<input type="checkbox"/> For Higher Level (PS 1723 on file)					Thur 06			
<input type="checkbox"/> COP (See reverse)	<input type="checkbox"/> Scheme Training Testing Qualifying (Memo on file)					Fri 07			
<input type="checkbox"/> Other						Sat 08			
Remarks (Do not enter medical information. See Privacy Act Statement on reverse of this form.)						Sun 09			
I understand that the annual leave authorized in excess of the amount available to me during the leave year will be charged to LWOP.						Mon 10			
Employee's Signature and Date		Signature of Person Recording Absence and Date		Signature of Supervisor and Date Notified		Tue 11			
						Wed 12			
						Thur 13			
						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 than 5 years, or both (18 U.S.C. 1001).

Reason I was incapacitated for duty during this absence:				Leave Types and Codes (Information Only)	Time Card	FMLA Dep. Care	Time Clock	SCHEDULED	UNSCHEDULED	PP	Year	
<input type="checkbox"/> Sickness	<input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Job-related)	<input type="checkbox"/> On-the-Job Injury	<input type="checkbox"/> Off-the-Job Injury	Annual	55		05500					Day
<input type="checkbox"/> Exposed to a Contagious Disease	<input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Not job-related)	<input type="checkbox"/> Pregnancy, Prenatal Care, or Childbirth		Annual - FMLA	55	01	05599			Sat 01		
Reason I was/will be unavailable for duty during this absence:				Sick	56		05600					
<input type="checkbox"/> Sick Leave for Dependent care (See ELM)	<input type="checkbox"/> Placement of a Child With Employee for Adoption or Foster Care	<input type="checkbox"/> Birth of a Child/Bonding	<input type="checkbox"/> To Care for a Family Member (See ELM)	Sick - FMLA	56	02	05699					
<input type="checkbox"/> A Military Family Member's Qualifying Exigency	<input type="checkbox"/> To Care for an Injured or Ill Military Family Member			Sick - Dependent Care	56	08	05697					
I am requesting Family and Medical Leave Act (FMLA) protection for this absence:				Sick - Dependent Care - FMLA	56	07	05698					
<input type="checkbox"/> This request is associated with a new condition. (You will receive an FMLA packet in the mail with forms and instructions.)				Absent Without Leave	24		02400					
<input type="checkbox"/> My approved or pending approval case number for this condition is:				Act of Nature	78		07800					
Employee must not be asked to disclose personal medical information to local management. FMLA certification must be mailed to HRSSC.				Blood Donor	69		06900					
Additional Documentation Required as follows:				Civil Defense	77		07700					
				Civil Disorder	81		08100					
				COP - USPS	71		07100					
				COP - USPS - FMLA	71	03	07199					
				Court Duty	61		06100					
				Donated	45		04500					
				Donated - FMLA	46		04600					
				HQ Authorized Administrative	79		07900					
				Holiday - AL Leave Exchange	28		02800					
				LWOP - Part Day	59		05900					
				LWOP - Part Day - FMLA	59	05	05999					
				LWOP - Full Day	60		06000					
				LWOP - Full Day - FMLA	60	06	06099					
				LWOP - IOD/OWCP	49		04900					
				LWOP - IOD/OWCP - FMLA	49	04	04999					
				LWOP - In Lieu of Sick Leave	59 or 60		05901 or 06001					
				LWOP - Maternity	59 or 60		05905 or 06005					
				LWOP - Military	44		04400					
				LWOP - Personal Reasons	59 or 60		05903 or 06003					
				LWOP - Proffered	59 or 60		05902 or 06002					
				LWOP - Suspension	59 or 60		05906 or 06006					
				LWOP - Suspension Pend Term	59 or 60		05908 or 06008					
				LWOP - Union Official	84		08400					
				Military	67		06700					
				Relocation	80		08000					
				Voting Leave	85		08500					
				Other Paid Leave	86		08600					

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