



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	UNSCCHEDULED	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.
Type of Absence		Documentation (For official use only)		Revised Schedule for (Date)	Approved in Advance				
<input type="checkbox"/> Annual <input type="checkbox"/> Holiday/AL Lv Exch <input type="checkbox"/> Carrier 701 Route <input type="checkbox"/> LWOP (See reverse) <input type="checkbox"/> Sick (See reverse) <input type="checkbox"/> Late <input type="checkbox"/> COP (See reverse) <input type="checkbox"/> Other _____		<input type="checkbox"/> FMLA Requested (Certification review - HRSSC) <input type="checkbox"/> For COP Leave (CA1 on file) <input type="checkbox"/> For Advanced Sick Leave (PS 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 (PS 1723 on file) <input type="checkbox"/> Scheme Training Testing Qualifying (Memo on file)		<input type="checkbox"/> Do not call Begin Work Lunch Out End Work Total Hours	<input type="checkbox"/> Yes <input type="checkbox"/> No Lunch In				
Remarks (Do not enter medical information. See Privacy Act Statement on reverse of this form.)									
I understand that the annual leave authorized in excess of the amount available to me during the leave year will be charged to LWOP.									
Employee's Signature and Date			Signature of Person Recording Absence and Date			Signature of Supervisor and Date Notified			
Official Action on Application (Return copy of signed request to employee.)									
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (Give reason below)			Do not check an FMLA box until you verify the FMLA designation. <input type="checkbox"/> FMLA Designation is PENDING <input type="checkbox"/> FMLA Protected <input type="checkbox"/> Not FMLA Protected			Signature of Supervisor and Date <input type="checkbox"/> Continued on reverse			

Reason I was incapacitated for duty during this absence:				Leave Types and Codes (Information Only)		Time Card	FMLA Dep. Care	Time Clock	SCHEDULED	UNSCCHEDULED	PP	Year
<input type="checkbox"/> Sickness <input type="checkbox"/> On-the-Job Injury <input type="checkbox"/> Off-the-Job Injury <input type="checkbox"/> Exposed to a Contagious Disease <input type="checkbox"/> Pregnancy, Prenatal Care, or Childbirth		<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)		Annual	55		05500					
Reason I was/will be unavailable for duty during this absence: <input type="checkbox"/> Sick Leave for Dependent care (See ELM) <input type="checkbox"/> Birth of a Child/Bonding <input type="checkbox"/> To Care for a Family Member (See ELM)				<input type="checkbox"/> Placement of a Child With Employee for Adoption or Foster Care <input type="checkbox"/> A Military Family Member's Qualifying Exigency <input type="checkbox"/> To Care for an Injured or Ill Military Family Member		Annual - FMLA	55	01			05599	
I am requesting Family and Medical Leave Act (FMLA) protection for this absence:				<input type="checkbox"/> This request is associated with a new condition. (You will receive an FMLA packet in the mail with forms and instructions.) <input type="checkbox"/> My approved or pending approval case number for this condition is: _____		Sick	56		05600			
Employee must not be asked to disclose personal medical information to local management. FMLA certification must be mailed to HRSSC.				Additional Documentation Required as follows: LWOP - Part Day LWOP - Part Day - FMLA LWOP - Full Day LWOP - Full Day - FMLA LWOP - IOD/OWCP LWOP - IOD/OWCP - FMLA LWOP - In Lieu of Sick Leave LWOP - Maternity LWOP - Military LWOP - Personal Reasons LWOP - Proffered LWOP - Suspension LWOP - Suspension Pend Term LWOP - Union Official Military Relocation Voting Leave Other Paid Leave		Act of Nature	78		07800			
						Blood Donor	69		06900			
						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	06999			
						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		00500			
						Voting Leave	85		08500			
						Other Paid Leave	86		08600			