

Employee's Name <i>(Print last, first, MI.)</i>		Employee ID	Date Submitted <i>(MM/DD/YYYY)</i>	No. of Hours Requested		SCHEDULED	UNSCHEDULED	PP		Year		
Installation <i>(For postmaster's leave, show city, state, and ZIP Code)</i>		N/S Day	Pay Loc. No.	D/A Code	From: Date			Hour				
Time of Call or Request	Scheduled Reporting Time	If Needed, Employee Can Be Reached At:		Thru: Date	Hour							
		<input type="checkbox"/> Do not call										
Type of Absence	Documentation <i>(For official use only)</i>		Revised Schedule for <i>(Date)</i>		Approved in Advance							
<input type="checkbox"/> Annual	<input type="checkbox"/> FMLA Requested <i>(Certification review – HRSSC)</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No							
<input type="checkbox"/> Holiday/AL Lv Exch	<input type="checkbox"/> For COP Leave <i>(CA1 on file)</i>		Begin Work									
<input type="checkbox"/> Carrier 701 Route	<input type="checkbox"/> For Advanced Sick Leave <i>(PS 1221 on file)</i>		Lunch Out		Lunch In							
<input type="checkbox"/> LWOP <i>(See reverse)</i>	<input type="checkbox"/> For Military Leave <i>(Orders reviewed)</i>		End Work									
<input type="checkbox"/> Sick <i>(See reverse)</i>	<input type="checkbox"/> For Court Leave <i>(Summons reviewed)</i>		Total Hours									
<input type="checkbox"/> Late	<input type="checkbox"/> For Higher Level <i>(PS 1723 on file)</i>											
<input type="checkbox"/> COP <i>(See reverse)</i>	<input type="checkbox"/> Scheme Training Testing Qualifying <i>(Memo on file)</i>											
<input type="checkbox"/> Other _____												
Remarks <i>(Do not enter medical information. See Privacy Act Statement on reverse of this form.)</i>												
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 <i>(Return copy of signed request to employee.)</i>												
<input type="checkbox"/> Approved			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"/> Disapproved <i>(Give reason below)</i>												
<input type="checkbox"/> Continued on reverse												

Reason I was incapacitated for duty during this absence: <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 <i>(Job-related)</i> <input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment <i>(Not job-related)</i>				Leave Types and Codes <i>(Information Only)</i>		Time Card	FMLA Dep. Care	Time Clock	SCHEDULED	UNSCHEDULED	PP		Year	
Reason I was/will be unavailable for duty during this absence: <input type="checkbox"/> Sick Leave for Dependent care <i>(See ELM)</i> <input type="checkbox"/> Birth of a Child/Bonding <input type="checkbox"/> To Care for a Family Member <i>(See ELM)</i> <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		55		05500						
				Annual – FMLA		55	01	05599						
		Sick		56		05600								
		Sick – FMLA		56	02	05699								
		Sick – Dependent Care		56	08	05697								
		Sick – Dependent Care – FMLA		56	07	05698								
		Absent Without Leave		24		02400								
		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								
I am requesting Family and Medical Leave Act (FMLA) protection for this absence: <input type="checkbox"/> This request is associated with a new condition. <i>(You will receive an FMLA packet in the mail with forms and instructions.)</i> <input type="checkbox"/> My approved or pending approval case number for this condition is: _____														
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:														
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.														