

## Request for or Notification of Absence

POSTAL SERVICE ®								<u> </u>				<b>J.</b> ,	100	
Employee's Name (Print last, first, Mt.) Employee ID		D	Date Subm	nitted (MM/DD/Y)	m) No	o. of Hours	Requested	JLED	JLED	PP	Year			
Installation (For postmaster's leave, show city, state, and ZIP Code)			N/S Day	Pay Loc, N	lo. D/A Code	Fro	om: Date	Hour	SCHEDULED	UNSCHEDULED				
Time of Call or Request Scheduled Reporting Time If Needed, E		, Employee	Can Be Reac	hed At:		ru: Date	Hour	S	UNSC	Day	Init.	Hours		
Type of Absence	Documentation	(For official use onl	W)		Revised So	chedule for (Date		Approved i	n Advance				11111	Houis
Annual FMLA Requested (Certification review - HRSSC)			SCI				☐ Yes	□ No			Sat 01			
Holiday/ALLv Exch				Begin Worl	k				-		Sun			
Carrier 701 Route			Dogat Work							02				
The state of the s	LWOP (See reverse)			Lunch Out			Lunch In				Mon 03			
in dick (see reverse)			End Work					_		Tue				
Late	1_	For Gourt Leave (Summons reviewed)  For Higher Level (PS 1723 on file)			End Work							04		
COP (See reverse)					Total Hours							Wed 05		
	☐ Other ☐ Scheme Training Testing Qualifying (Memo on			(le)					1	$\vdash$	Thur			
Remarks (Do not enter medical information	mation. See Privacy	Act Statement on re	everse of this fo	orm.)								06		
										1		Fri 07		
										-	-	Sat	-	
I understand that the annual	leave authorize	ed in excess of	the amoun	t available	e to me duri	ing the leave	year w	vill be cha	arged to LWOP			08		
Employee's Signature and Date		Signature of Person Recording Absence				of Supervisor and Date Notified					Sun			
				- 4						1-		09		
Hamilton and the second												Mon 10		
Official Action on Applicat	ion (Return co	by of signed re	equest to e	mployee.,								Tue		
☐ Approved		Do not check a	en FMLA box	until you v	erify the	Signature of Su	perviso	or and Date		7_		11		
	-ta	FMLA designat	tion.									Wed 12		
LI Disapproved (Give reason be	elow)	☐ FMLA Desi	gnation is PE	ENDING						-		Thur		
		☐ FMLA Prote	ected									13		
		☐ Not FMLA	Protected			☐ Continued	on reve	erse				Fri 14		
		SN 7530-02-00	30-9130			j: The furnishin 1,000 or imprise			ore than 5 years					
Reason I was incapacitate					than \$10	,000 or impriso	me	t of not m	ore than 5 years	, or b	oth (			
		ring this abse	nce:	(Informa	than \$10	,000 or impriso	onment me ard	t of not m	ore than 5 years	, or b	oth (	18 U.S	.C. 100	
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□ Sickness □ On-the-Job Injury □ Off-the-Job Injury □ Exposed to a Contagious Disease □ Reason I was/will be unaveraged to a Contagious Disease □ Sick Leave for Dependent Care (See ELM) □ Birth of a Child/Bonding □ To Care for a Family Member (See ELM) □ I am requesting Family and for this absence: □ This request is associated an FMLA packet in the me	ed for duty dui Pregnancy, Po Dregnancy, Po Examination of Examina	ring this abserenatal Care, or fedical, Dental, or Treatment (Addedical, Dental, or Treatment ed)  y during this a aut of a Child with ion or Foster Coran Injured or ember  ye Act (FMLA)  undition. (You wind instructions, umber for this corenated to the coran injured or ember	nce: r Childbirth , or Optical ob-related) , or Optical bsence: h Employedare r's Qualifyir Ill Military  protection ill receive ) ondition is:	(Informal Annual Sick Sick De Sick De Absent W Act of Na Bicoct Do CWI Defer COP – UE COP – UE COP – UE Donated Donated HQ Autho Holiday – LWOP – IE LWOP –	then \$10  Types and Cottion Only)  FMLA  ILA pendent Care pendent Care pendent Care pendent Care pendent Care pendent Care FMLA  The Care	000 or imprise	me ard 5 5 5 5 6 6 7 7 1 6 6 6 7 7 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	FMLA Dep. Care 01 02 08 07 03 03	Time Clock  05500  05599  05600  05699  05697  05698  02400  07700  08100  07100  07100  07100  07190  06100  04500  04600  07900  02800  05999  06000  06999  06000  04999  05901 or 06001  05800 or 06005	, or b	oth (	Day Sat 01 Sun 03 Tue 04 Wed 05 Thur 06 Fr 07 Sat 08 Sun 09	Year	1).
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