

# Usps Form 3971 Instructions

UNITED STATES POSTAL SERVICE®										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		PP		Year			
Installation (For postmaster's leave, show city, state, and ZIP Code)				N/A		Play 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		UNSCHEDULED		Day		Init.		Hours	
Type of Absence				Documentation (For official use only)				Revised Schedule for Date				Approved in Advance									
<input type="checkbox"/> Annual <input type="checkbox"/> Holiday/AL Lr Exch <input type="checkbox"/> Career 701 Route <input type="checkbox"/> LWOP (See reverse) <input type="checkbox"/> Sick (See reverse) <input type="checkbox"/> Little <input type="checkbox"/> COP (See reverse) <input type="checkbox"/> Other				<input type="checkbox"/> FMLA Requested (Certification review - HRSSIC) <input type="checkbox"/> For COP Leave (CAT on file) <input type="checkbox"/> For Advanced Sick Leave (PS 1201 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 1703 on file) <input type="checkbox"/> Scheme Training Testing Qualifying Memo on file				<input type="checkbox"/> Do not call <input type="checkbox"/> Revised Schedule for Date Begin Work: _____ Lunch Out: _____ Lunch In: _____ End Work: _____ Total Hours: _____				<input type="checkbox"/> Yes <input type="checkbox"/> No									
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.)				Do not check an FMLA box until you verify the FMLA designation.				Signature of Supervisor and Date													
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (Give reason below)				<input type="checkbox"/> FMLA Designation is PENDING <input type="checkbox"/> FMLA Protected <input type="checkbox"/> Not FMLA Protected				<input type="checkbox"/> Continued on reverse													

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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)										SCHEDULED		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)															
Reason I was/will be unavailable for duty during this absence:										Time Card															
<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															
LWOP - Union Official (Required Certification)										Time Clock															
By signing this form, I certify that this request is not for the purpose of engaging in partisan political activity as defined by the Hatch Act and its implementing regulations.										Annual - 01 Annual - FMLA - 01 Sick - 02 Sick - FMLA - 02 Sick - Dependent Care - 03 Sick - Dependent Care - FMLA - 03 Absent Without Leave - 04 Act of Nature - 05 Worst Owner - 06 Civil Defense - 07 Civil Defense - 08 COP - USPS - 09 COP - USPS - FMLA - 09 Court Date - 10 Domestic - 11 Domestic - FMLA - 11 HIG Authorized Administrative - 12 Holiday - AL Leave Exchange - 13 LWOP - Full Day - 14 LWOP - Part Day - 14 LWOP - Full Day - FMLA - 15 LWOP - Full Day - FMLA - 15 LWOP - 400/LWOP - 16 LWOP - 400/LWOP - FMLA - 16 LWOP - In Lieu of Sick Leave - 17 or 18 LWOP - Maternity - 19 or 20 LWOP - Military - 21 LWOP - Personal Reasons - 22 or 23 LWOP - Professional - 24 or 25 LWOP - Supervision - 26 or 27 LWOP - Supervision - Period Term - 28 or 29 LWOP - Union Official - 30 Military - 31 Recreation - 32 Voting Leave - 33 Other Paid Leave - 34															
I am requesting Family and Medical Leave Act (FMLA) protection for this absence:										Time Clock															
<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:										Annual - 01 Annual - FMLA - 01 Sick - 02 Sick - FMLA - 02 Sick - Dependent Care - 03 Sick - Dependent Care - FMLA - 03 Absent Without Leave - 04 Act of Nature - 05 Worst Owner - 06 Civil Defense - 07 Civil Defense - 08 COP - USPS - 09 COP - USPS - FMLA - 09 Court Date - 10 Domestic - 11 Domestic - FMLA - 11 HIG Authorized Administrative - 12 Holiday - AL Leave Exchange - 13 LWOP - Full Day - 14 LWOP - Part Day - 14 LWOP - Full Day - FMLA - 15 LWOP - Full Day - FMLA - 15 LWOP - 400/LWOP - 16 LWOP - 400/LWOP - FMLA - 16 LWOP - In Lieu of Sick Leave - 17 or 18 LWOP - Maternity - 19 or 20 LWOP - Military - 21 LWOP - Personal Reasons - 22 or 23 LWOP - Professional - 24 or 25 LWOP - Supervision - 26 or 27 LWOP - Supervision - Period Term - 28 or 29 LWOP - Union Official - 30 Military - 31 Recreation - 32 Voting Leave - 33 Other Paid Leave - 34															
Employee must not be asked to disclose personal medical information to local management. FMLA certification must be mailed to HRSSIC.																									
Additional Documentation Required as follows:																									
Privacy Act Statement: Your information will be used to administer leave. Collection is authorized by 5 U.S.C. 552, 404, 1201, 1205, and 1206, and 29 USC 2001 et seq. Providing the information is voluntary. If it is 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 another order contract with USPS and/or authorized to perform audits; to labor organizations as required by law; to government agencies regarding personnel matters; to the EEOC; and to the MSPB or Office of Special Counsel. For more information regarding the privacy policies visit <a href="http://www.usps.com/privacypolicy">www.usps.com/privacypolicy</a>																									

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**USPS Form 3971 Instructions** are essential for postal workers and customers alike who need to manage and request time off due to various reasons. This form is primarily used by United States Postal Service (USPS) employees to request leave for personal reasons, such as illness, emergencies, or other absences. Understanding the nuances of filling out this form correctly can streamline the process and ensure that employees receive the leave they need without unnecessary delays or complications. In this article, we will delve into the details of USPS Form 3971, including its purpose, instructions for completing the form, and tips for effective submission.

## Understanding USPS Form 3971

USPS Form 3971, officially titled "Request for Leave or Approved Absence," serves as a formal request for leave for USPS employees. The form is crucial

for maintaining accurate records of employee absences and ensuring compliance with postal service policies and procedures.

## **Purpose of USPS Form 3971**

The main purposes of USPS Form 3971 include:

- **Leave Requests:** Employees use this form to request various types of leave, including annual leave, sick leave, or leave without pay.
- **Documentation:** The form serves as official documentation of an employee's request for leave, which is essential for record-keeping and future reference.
- **Compliance:** Ensures that requests for leave are made in accordance with USPS policies, helping to prevent any potential issues related to unauthorized absences.

## **Types of Leave Covered by USPS Form 3971**

Before filling out the form, it's important to understand the types of leave that can be requested:

1. **Annual Leave:** Paid time off that employees earn through their service. This can be used for vacations, personal days, or other reasons.
2. **Sick Leave:** Time off due to illness or injury, allowing employees to recuperate without losing income.
3. **Leave Without Pay (LWOP):** A type of leave where the employee does not receive pay for the time they are absent. This can be requested for personal reasons or emergencies that don't qualify as sick leave.
4. **Family and Medical Leave:** Employees may also request leave for family-related matters, which may fall under specific regulations like the Family and Medical Leave Act (FMLA).

## **Instructions for Completing USPS Form 3971**

Filling out USPS Form 3971 accurately is crucial for processing leave requests efficiently. Here are step-by-step instructions to guide you through the process:

### **Step 1: Obtain the Form**

USPS Form 3971 can be obtained from:

- The USPS website under the forms section.
- Local post offices, where printed copies may be available.
- Employee resources or HR departments for USPS employees.

### **Step 2: Fill Out Employee Information**

In the first section of the form, you will need to provide your personal details:

- Name: Enter your full name as registered with USPS.
- Employee ID: This is typically your identification number assigned by USPS.
- Position: Include your job title or position within the USPS.
- Office Location: Specify the post office or facility where you are employed.

### **Step 3: Specify the Type of Leave Requested**

In this section, you will indicate the type of leave you are requesting by checking the appropriate box:

- Annual Leave
- Sick Leave
- Leave Without Pay
- Other (Specify)

Make sure to provide any necessary details or explanations, especially if you are requesting leave for a reason that may not be immediately clear.

### **Step 4: Fill in the Dates and Times**

Clearly indicate:

- Start Date: The date you wish to begin your leave.
- End Date: The date you intend to return to work.
- Total Hours of Leave: If applicable, specify the total number of hours you are requesting off.

### **Step 5: Provide Reason for Leave**

In this section, provide a brief description of the reason for your leave. Be as clear and concise as possible while maintaining privacy, especially for sick leave or personal matters.

### **Step 6: Employee Signature and Date**

After filling out the form, you must sign and date it. This signature indicates that the information provided is accurate to the best of your knowledge and that you are formally requesting the leave.

## **Submitting USPS Form 3971**

Once the form is completed, it's time to submit it for approval. Here's how to do it effectively:

## **Step 1: Notify Your Supervisor**

Inform your immediate supervisor or manager of your intention to take leave. This can often be done verbally, but it's essential to ensure they are aware of your request.

## **Step 2: Submit the Form**

Deliver your completed USPS Form 3971 to your supervisor. This can typically be done in person or through your postal office's internal submission process. Make sure to keep a copy of the form for your records.

## **Step 3: Await Approval**

After submission, your supervisor will review your request and either approve or deny it based on USPS policies and your leave balance. You should receive a notification regarding the decision.

## **Tips for a Successful Leave Request**

To enhance the likelihood of your leave request being approved, consider the following tips:

- **Submit Early:** Whenever possible, submit your request well in advance of your intended leave dates, especially for planned absences.
- **Be Honest and Accurate:** Ensure all information provided is truthful and accurate. Misrepresentation can lead to complications.
- **Follow Up:** If you don't hear back regarding your leave request, it's appropriate to follow up with your supervisor or HR department.
- **Maintain Communication:** Keep open lines of communication with your supervisor during your leave, especially if it extends beyond the anticipated dates.

## **Conclusion**

In conclusion, USPS Form 3971 is a vital tool for employees of the United States Postal Service seeking to manage their leave requests effectively. By understanding the form's purpose, the types of leave it covers, and the instructions for completing and submitting the form, employees can navigate the process more efficiently. Following the outlined steps and tips will not only facilitate a smoother leave application process but also ensure compliance with USPS policies, ultimately benefiting both the employee and the organization. Remember, taking time off is essential for maintaining work-life balance, so make sure your requests are well-prepared and timely.

# Frequently Asked Questions

## What is USPS Form 3971 used for?

USPS Form 3971 is used to request a temporary leave of absence from work for USPS employees.

## How do I obtain USPS Form 3971?

USPS Form 3971 can be obtained from your local post office, via the USPS intranet, or through your supervisor.

## What information is required to fill out USPS Form 3971?

You need to provide your name, employee ID, the type of leave requested, dates of the leave, and a signature.

## Can I submit USPS Form 3971 electronically?

Yes, some USPS facilities allow for the electronic submission of Form 3971 through the USPS employee portal.

## What types of leave can I request on USPS Form 3971?

You can request various types of leave, including annual leave, sick leave, or leave without pay.

## Is there a deadline for submitting USPS Form 3971?

It's best to submit Form 3971 as soon as possible, ideally at least two weeks before the requested leave date.

## What should I do if my leave request is denied?

If your leave request is denied, you can discuss the reasons with your supervisor and may consider reapplying or appealing the decision.

## Do I need to provide documentation when submitting USPS Form 3971?

Yes, for certain types of leave, such as medical leave, you may need to provide supporting documentation.

## Where do I submit USPS Form 3971 after filling it out?

After filling out the form, submit it to your immediate supervisor or the designated HR representative at your location.

## How will I know if my USPS Form 3971 has been approved?

You should receive a written confirmation from your supervisor or HR regarding the approval or denial of your leave request.

<https://soc.up.edu.ph/68-fact/files?docid=FbR16-8048&title=yakuza-kiwami-substories-guide.pdf>

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Get clear and concise USPS Form 3971 instructions to streamline your leave requests. Learn more about the process and ensure your forms are completed correctly!

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