Requesting leave— Make sure you get what you deserve

ver the years, the Postal Service has expanded the ways in which letter carriers can request leave. Much of the process has been automated, including the completion of the PS Form 3971, Request for, or Notification of, Absence. Being able to use multiple methods and having additional options for submitting and obtaining approval for leave requests is convenient. However, city letter carriers need to be cautious when submitting leave, completing the PS Form 3971, or signing any computer- or management-generated leave forms. This article will explain the methods for submitting leave requests and the possible pitfalls of the automated processes.

Article 10 of the National Agreement covers general leave provisions such as choice of vacation period, vacation planning and sick leave. Article 10, Section 2 specifically incorporates *Employee and Labor Relations Manual (ELM)*, Section 510, which contains all the rules and procedures related to the Postal Service leave program.

Article 10, Section 2. Leave Regulations

The leave regulations in Subchapter 510 of the Employee and Labor Relations Manual, insofar as such regulations establish wages, hours and working conditions of employees covered by this Agreement, shall remain in effect for the life of this Agreement.

ELM Section 511.23 requires all USPS employees to complete PS Form 3971, Request for or Notification of Absence when requesting or using any type of leave.

ELM Section 511.23 states:

Postal employees:

a. Request leave by completing PS Form 3971, Request for or Notification of Absence.

b. Obtain approval of PS Form 3971 before taking leave — except in cases of emergencies.

Both the requesting employee and the supervisor have responsibilities when using PS Form 3971. Appendix B of the National Agreement talks about these responsibilities in Section 3. It states:

Form 3971, Request for, or Notification of, Absence

- 1. Purpose. Application for annual leave is made in writing, in duplicate, on Form 3971, Request for, or Notification of, Absence.
- 2. Approval/Disapproval. The supervisor is responsible for approving or disapproving application for annual leave by signing Form 3971, a copy of which is given to the employee. If a supervisor does not approve an application for leave, the disapproved block on Form 3971 is checked and the reasons given in writing in the space provided. When a request is disapproved the reasons for disapproval must be noted. AWOL determinations must be similarly noted.

If you have a dispute regarding your leave request, provide a copy of the PS Form 3971 to your shop steward or NALC branch officer so they can investigate and correct the problem.

All letter carriers may request leave by submitting a physical PS Form 3971 to their supervisor, but there are other options as well. In addition to using PS Form 3971 to request leave in person, you can also use the Enterprise Leave Request Application (eLRA) to generate a PS Form 3971 and electronically inform your supervisor of your leave request.

The eLRA is accessible through the USPS LiteBlue site using a computer, smartphone or other mobile device. Carriers can log into LiteBlue and select the eLRA icon from the "Employee Apps" section. You can then

follow the on-screen prompts to enter your leave information. Be aware that by clicking "Submit," you are authorizing your electronic signature on the 3971 and confirming that the information you provided is accurate and complete. When you click "Submit," this 3971 will be electronically sent to your supervisor for them to review and approve. The application is designed to provide both the carrier and the manager with a record of the request. Always keep this record in case verification of the request is needed later. This confirmation can be helpful in settling disputes over a leave request.

If you have an emergency or an unexpected illness, another option for requesting leave is the Interactive Voice Response (IVR) system. Typically, the IVR is used only when you need to report an unscheduled same-day or next-day absence. Keep in mind, there are a limited number of postal locations where IVR is unavailable, so check with your shop steward to verify if your office uses the IVR.

Employees can call the IVR at 877-477-3273 and select Option 4 when prompted. The system will ask you to enter your Employee Identification Number (EIN), so have it ready. The IVR will also ask you to specify the reason for your absence and the amount of time you expect to take. For example, if you have the flu and expect to be out for three days, you should specify "illness or injury" and "24 hours." Some other options of unexpected reasons for requesting leave might include "personal emergency," or "Wounded Warrior." Also, if you are reporting your illness the morning before your shift and expect to miss one day, you should report "today" as both the start and end dates. Once your call

is completed, you'll receive a confirmation number that you should record as your receipt.

If you have an unexpected absence and you are not able to use eLRA or the IVR, you should contact your supervisor directly to report your absence. For your protection, you should document the supervisor's name, date, time, phone number, and any significant comments from your conversation.

Sometimes management will print a computer-generated PS Form 3971 for you, in which the leave type, hours and comments sections are already filled in. Be cautious when signing the management-generated PS Form 3971, and verify that the entries are exactly what you requested. Likewise, if management disapproves your request for leave, be sure that the reasons are noted in the appropriate section as well. Always retain a copy of your PS Form 3971 for your records. Copies often are useful in the grievance process, if you have a dispute regarding your leave request, or if management attempts to discipline you for attendance-related issues.

NALC encourages letter carriers to always check their PS Form 3971 to ensure that the type of leave they are requesting is accurate. The type of leave requested, and the reasons indicated on Form 3971, can be used to determine whether paid leave or leave without pay is entered into the leave system. Improperly requested or improperly input leave entries can significantly affect your payroll or attendance history.

Again, regardless of the method used, if you feel a leave request has been wrongly denied by your supervisor, you should consult with your shop steward or NALC branch officer about your situation as soon as possible. PR

POSTAL SERVICE	CE o				Re	ques	st for	or No			af I	\ha	
			mployee ID	Date Su	Date Submitted (MM/DD/YYY)			t for or Notific				Year	en
Installation (For postmaster's leave, show city, state, and ZIP Code)			N/S Da		. No. D/A Code					SCHEDULED UNSCHEDULED		Total	
Time of Call or Request Scheduled Reporting Time		Reporting Time				. 0000	From:	Date	Hour	HED			
Topo of the			Needed, Employe	e Can Be Re			Thru: D	ate	Hour	SON			
Type of Absence Documentation (For official use only) Annual PMLA Bonuseted (Course only)			Revised	Schedule	Do not car for (Date)	_	oved in Advance	20	_ 3	Day	Init.	Ho	
Annual FMLA Requested (Certification review – H Carrier 701 Route For COP Leave (CAT on fie)		9W - HRSSC)				☐ Ye				Sat 01			
LWOP (See reverse) For Advanced Sick Leave (PS 1221 on 1		on fini	Begin W	brk						Sun 02			
Sick (See reverse) For Military Leave (Orders reviewed)			Lunch O	ut		Lunch Ir	9		\rightarrow	Mon		_	
Late For Court Leave (Summons reviewed)			rd)	End Work	Li .						03		
COP (See reverse) For Higher Level (PS 1723 on the)											Tue 04		
Remarks (Do not enter medical information. See Privacy Act		raining Testing Qualifying	ning Testing Qualifying (Memo on file)		Total Hours						Wed 05		
Hernanks (Do not enter medical	information. See Privac	y Act Statement on reverse	of this form.)						_	\rightarrow	Thur	-	_
Wounded Warrior Le	ave								- 1		06		
understand that the									- 1		Fri 07		
understand that the ann Employee's Signature and	lual leave authoriz	red in excess of the a	amount availabl	e to me du	ring the I	eave ve	ar will be	charged to	wee		Sat		
	Date	Signature of Person I	Recording Absence	e and Date	Signat	ture of S	pervisor	and Date No	LWOP.		08	-	
							p 41.11001	and Date No	uned		iun 09		
Official Action on Application (Return copy of signed rec			et to ampleuse							N,	fon 10		
Disapproved (Glue reason below)		Do not check an FMI	A box until								ue 11	+	-
		FINILA designation.				Signature of Supervisor and Date						_	
	. 551511)	FMLA Designation	n is PENDING							1	led 2		
		FMLA Protected								Th 1	ur		
					Continued on reverse								
)-9136	Warning than \$10,	: The furn ,000 or in	lateta a r		mation on the more than 5 y	s form ma years, or b	F 1	ri 4	of not 1001).	mor
Reason I was incapacita	ated for duty dur	2) PSN 7530-02-000 ing this absence: enatal Care, or Childs	0-9136	Warning than \$10,	: The furn ,000 or in	nishing of oprisonme	false inforent of not	Time Clock	rears, or p	y result in	ri 4	1001).	mor
Reason I was incapacita] Sickness] On-the-Job Injury	ated for duty dur	ing this absence:	D-9136 Leave Ty (Informati	Warning than \$10, ypes and Co on Only)	: The furn ,000 or in	Time Card	false inforent of not	Time Clock	rears, or p	y result in	n a fine U.S.C.	1001).	mor
leason I was incapacita] Sickness] On-the-Job Injury] Off-the-Job Injury	ated for duty dur Pregnancy, Pr Undergoing M Examination o	ing this absence: enatal Care, or Childi ledical, Dental, or Op	D-9136 Leave Tylinformatical Annual - Florid Sick	Warning than \$10, ypes and Co on Only)	: The furn ,000 or in	Time Card	false inforent of not	Time Clock 05500 05509	rears, or p	y result in	n a fine U.S.C.	1001).	mor
leason I was incapacita] Sickness] On-the-Job Injury] Off-the-Job Injury	ated for duty dur Pregnancy, Pr Undergoing M Examination o Undergoing M Examination o	ing this absence: enatal Care, or Child ledical, Dental, or Op r Treatment (Job-rela edical, Dental, or Opi r Treatment	D-9136 Leave 1 (Information Annual A	Warning then \$10, ypes and Co on Only)	: The furn ,000 or in	Time Card	false inforent of not	7ime Cloci 05500 05509 05600	rears, or p	y result in	n a fine U.S.C.	1001).	mor
leason I was incapacita] Sickness] On-the-Job Injury Off-the-Job Injury Exposed to a Contagious Disease	ated for duty dur Pregnancy, Pr Undergoing M Examination o Undergoing M Examination o	ing this absence: enatal Care, or Childledical, Dental, or Op Treatment (Job-rela edical, Dental, or Op Treatment Treatment	D-9136 Leave Ty (Informat Annual - R Sick tical Sick - PML Sick - PML	Warning than \$10, pes and Co on Only)	: The furn ,000 or in	Time Card 55 56 56 56	false informant of not FMLA Dep. Ca 01 02 08	7ime Cloci 05500 05509 05600 05609 05609	years, or p	y result in	n a fine U.S.C.	1001).	mor
Iteason I was incapacita] Sickness] On-the-Job Injury] Off-the-Job Injury Exposed to a Contagious Disease eason I was/will be una Sick Leave for penenytee	ated for duty dur Pregnancy, Pr Undergoing M Examination o Undergoing M Examination (Not job-relate vailable for duty	ing this absence: enatal Care, or Childl ledical, Dental, or Opi Treatment (Job-rela edical, Dental, or Opi Treatment of Opi Treatment of Opi	D-9136 Leave Ty information functional Armail - Fried Sick - Dept. Si	Warning than \$10, per and Co on Only) VLA A modent Care - FN word Leave	: The furn ,000 or in	Time Card 55 56 56	false informant of not	Time Clock 05500 05599 05600 05699 05699 05699	rears, or p	y result in tooth (18 to tooth (18 t	n a fine U.S.C.	1001).	
Reason I was incapacita] Sickness] On-the-Job Injury [Exposed to a	ated for duty dur Pregnancy, Pr Undergoing M Examination o (Not job-relate valiable for duty	ing this absence: enatal Care, or Child ledical, Dental, or Op r Treatment (Job-rela edical, Dental, or Op t Treatment of during this absence of a Child with Environment	D-9136 Leave Tylinformatical Armail Fried) Sick - Flag. Sick - Dapp Sick - Dapp Oyee Act of Nate Nate	Warning than \$10, when \$10, when \$10, which was and \$10, which will be supported by the support \$10, which was a support	: The furn ,000 or in	Time Card 55 56 56 56 56 24 78	false informant of not FMLA Dep. Ca 01 02 08	7ime Cloci 05500 05509 05600 05609 05609	rears, or p	ONSCHEDULE Day	n a fine U.S.C.	1001).	mor
teason I was incapacita] Sickness] Sickness] On-the-Job Injury [Dff-the-Job Injury Exposed to a Contagious Disease eason I was/will be una Sick Leave for Dependen Care (See ELM)	ated for duty dur Pregnancy, Pr Undergoing M Examination o Undergoing M Examination or (Not job-relate vailable for duty tt Placement for Adoptic	ing this absence: enatal Care, or Child ledical, Dental, or Op Treatment (Job-rela edical, Dental, or Op Treatment Treatment during this absence of a Child with Empli no re Foster One	D-9136 Leave T Informatical Armail - F Informatical Armail - F Informatical Sick - Dept Sick -	Warning than \$10, ypes and Co on Only) AA A A indert Care ondert Care of on Control on Control on Co	: The furn ,000 or in	Time Card 55 56 56 56 56 56 69 69	false informant of not FMLA Dep. Ca 01 02 08	Time Clock 05500 05509 05600 05600 05609 06607 06608 02400 07800 06900	rears, or p	y result in tooth (18 to tooth (18 t	n a fine U.S.C.	1001).	
Reason I was incapacitated in the control of the co	ated for duty dur Pregnancy, Pr Undergoing M Examination o Undergoing M Examination o (Not job-relate variable for duty t Placement for Adoptio A Military F Exigency	ing this absence: enatal Care, or Childi ledical, Dental, or Opi Preatment (obc-rela edical, Dental, or Opi Treatment of the control during this absence of a Child with Erripl or or Foster Care armily Member's Qual	Leave 1) information of the control	Warning than \$10, we said that \$10, we said	: The furn ,000 or in	Time Card 555 55 56 56 56 56 60 77 81	false informant of not FMLA Dep. Ca 01 02 08	75500 05509 05600 05609 05600 05609 05609 05609 05608 02400 07800	rears, or p	Proche Control of the	n a fine U.S.C.	1001).	
teason I was incapacitate Scickness Jorther-Job Injury Off-the-Job Injury Exposed to a Contagious Disease Pason I was/will be una Sick Lasva for Deponder Care (See ELM) Birth of a Child/Bonding To Care (or a Elmi) Member (See ELM)	ated for duty dur Pregnancy, Pr Undergoing M Examination o Undergoing M Examination o Vivot job-relate validable for duty t	ing this absence: enatal Care, or Child dedical, Dental, or Ope Treatment, Care during this absence of a Child with Empli or or Foster Care amily Member's Qual an Injured or III Milita an Injured or III Milita an Injured or III Milita	D-9136 Leave Ty information titical Armail - Fided Sck - PAL Sick - PAL Sick - Dope Sick - Dope Month of the Pal Sck - Dope Month of the Pal	Warning than \$10, ypes and Co on Only) MLA A A A A A A A A A A A A A A A A A	: The furn ,000 or in	Time Card 55 56 56 56 56 69 77 81 71	FMLA Dep; Cal	Time Clock 05509 05509 05600 05609 05600 05609 05609 05609 05609 05609 07700 07700 06100 07700	rears, or p	PF 1. Vy result in tooth (18 to tooth (18	n a fine U.S.C.	1001).	
Reason I was incapacitz Sickness Johnstein Lind Lind Lind Lind Johnstein Lind Lind Lind Johnstein Lind Lind Johnstein Lind Lind Sick Laws for Dependen Care (See ELM) Sick Laws for Dependen To Care for a Family Member (See ELM) VOP - Union Official De-	ated for duty dur Prognancy, Pr Undergoing M Examination o Undergoing M Examination o (Not job-relate vallable for duty t Placement for Adoptio A Military F Exigency To Care for	ing this absence: enatal Care, or Child enatal Care enatal Care freatment (Job care enatal Care freatment of Care freatment or Care freatment or Care freatment or Care enatal Wember's Qual anily Member's Qual anily M	D-9136 Leave T; Informati tical Arnui - File Communi - File Commu	Warning than \$10, ypes and Co on Only) MLA A A A A A A A A A A A A A A A A A	: The furn ,000 or in	Time Card 555 55 56 56 56 56 60 77 81	false informant of not FMLA Dep. Ca 01 02 08	7ime Cloci 05500 05509 05600 05600 06607 06607 06608 02400 07800 06800 07700 08100 07100	rears, or p	Proche Control of the	n a fine U.S.C.	1001).	
Reason I was incapacitat Scickness Johnson Lob Injury Off-the-Job Injury Exposed to a Contagious Disease cason I was/will be una Sick Leave for Deponden Care (See ELM) Birth of a Child/Bonding To Care for a Family Member (See ELM) VOP - Union Official Re Solvine Itsis from I portific that	ated for duty dur Pregnancy, Pr Undergoing M Examination o Undergoing M Examination o Undergoing M Examination o Control of the Control A Military F Exigency To Care for Family More	ing this absence: enatal Care, or Child edical, Dental, or Op Treatment (John Treatment (John Treatment (John during this absence of a Child with Empl or or Foster Care amily Member's Qual an Injured or III Milita ther tion)	D-9136 Leave T in finformat fical find matter field in fine in find matter field in find matter field in find find find find find find find	Warning than \$10, when \$10 and	: The furn ,000 or in	Time Card 55 55 56 56 56 56 56 56 56 56 56 56 56	FMLA Dep; Cal	Time Clock 05500 05500 05509 05600 05600 05600 05600 05600 05600 05600 07800 08700 08700 08700 07100 09700 07100 00100 05500	rears, or p	PF 1. Vy result in tooth (18 to tooth (18	n a fine U.S.C.	1001).	
Reason I was incapacitat Sickness On-the-Job Injury Off-the-Job Injury Exposed to a Contagious Disease eason I was/will be una Sick Leave for Dependen Care [See ELM] Birth of a Child/Bonding Member (See ELM) VOP - Union Official (Re signing ins torm, I certify that List political activity as defined	ated for duty dur Prognancy, Pro	ing this absence: enatal Care, or Child Gere, or Child Gere, or Child Geredical, Dental, or Ope Treatment (Job-rele edical, Lental, or Ope Treatment, or State Care arrilly Member's Quali an Injured or III Milita ober the Ope Treatment (Job Milita ober Treatment) Member's Quali an Injured or III Milita ober the Open Open Open Open Open Open Open Ope	D-9136 Leave T-10 Information	Warning than \$10, ppes and Co or Only A.A. A. A. A. A. A. A. A. A.	: The furm	Time Card 55 56 56 56 56 78 69 77 81 71 61	FMLA Dep; Cal	7 Time Cloci 05500 05500 05500 05500 05500 05600 05600 05600 00600 00400 07100	rears, or p	Day Sat O1 Sun O4	n a fine U.S.C.	1001).	
teason I was incapacitat Sciciness Johnson Lob Injury Off-the-Job Injury Off-the-Job Injury Exposed to a Contagious Disease eason I was/will be una Sick Leave for Dependen Care (See ELM) In Care for a Family Member (See ELM) VOP - Union Official (Re sping this form, certify that t issis political activity as define	ated for duty dur Prognancy, Pro	ing this absence: enatal Care, or Child Gere, or Child Gere, or Child Geredical, Dental, or Ope Treatment (Job-rele edical, Lental, or Ope Treatment, or State Care arrilly Member's Quali an Injured or III Milita ober the Ope Treatment (Job Milita ober Treatment) Member's Quali an Injured or III Milita ober the Open Open Open Open Open Open Open Ope	D-9136 Leave T-10 Information	Warning then \$10, //pes and Co on Only) ALA A A A A A A A A A A A A A A A A	: The furm	Time Card 55 56 56 56 56 69 77 881 71 61 45 46 79	FMLA Dep; Cal	Time Clock 05500 05500 05509 05509 05600 05600 05600 05600 05600 05600 05600 05600 05600 05700 05700 05100	rears, or p	Day PP Day Sat O1 Sun O2 Mon O3 Tue O4 Web O5	n a fine U.S.C.	1001).	
Reason I was incapacitated as a second control of the control of t	ated for duty dur Prognancy, P Dundergoing, M Examination o Undergoing M Examination o Undergoing M Examination o Undergoing M Paleoment for Adoptic A Military F Exigency To Care for Family Military To Car	ing this absence: enatal Care, or Child tedical, Dental, or Opi Treatment (Job-reis edical, Dental, or Opi Treatment (Job-reis duding this absence of a Child with Empla or of Foster Care amily Member's Qual an Injured or Ill Milita ther tion) the purpose of engaing i sis inplementing regulat Act (FMLA) protect	D-9136 Leave T Leave T	Warning then \$10, West and Co on Only WAA A A A A A A A A A A A A	: The furm	Time Card	FMLA Dep: Ca 01 02 06 07	Time Clock 05500 05500 05500 05600 05600 05600 05600 05600 07800 07800 08100 07100 08100 07190 04500 04500 04500 04600 07800	rears, or p	Day Day Sant O3 Mon O3 Viel Wed	n a fine U.S.C.	1001).	
Iteason I was incapacitated in the control of the c	ated for duty dur Prognancy, P	ing this absence: enatal Care, or Childia Gedical, Dental, or Ope Gedical, Dental, or Ope Fleatment (Job-rele Gedical, Dental, or Op Treatment (Job rele Gedical, Dental, or Op Treatment (Job rele Gedical, Dental, or Op Treatment (Job rele Gedical, Dental, or Treatment (Job rel Gedical, Dental, or Treatment (Job re	D-9136	Warning than \$10,000 than \$10,0	: The furm ,000 or in	Time Card 55 56 56 56 56 69 77 881 71 61 45 46 79	FMLA Dep; Cal	7 Time Cloci 05500 05500 05500 05500 05500 05500 05500 05600 05600 05600 07700 06100 07100 07100 04500 04500 04500 07100	rears, or p	Day or result in the state of t	n a fine U.S.C.	1001).	
Iteason I was incapacitated in the control of the c	ated for duty dur Prognancy, P	ing this absence: enatal Care, or Childia Gedical, Dental, or Ope Gedical, Dental, or Ope Fleatment (Job-rele Gedical, Dental, or Op Treatment (Job rele Gedical, Dental, or Op Treatment (Job rele Gedical, Dental, or Op Treatment (Job rele Gedical, Dental, or Treatment (Job rel Gedical, Dental, or Treatment (Job re	D-9136	Warning then \$10, IPPES and Co on Only) ALA A Andord Care - PA OUT Leave IP	i: The furn	Time Card 56 55 56 56 56 66 60 60 60 60 60 60 60 60 60 60 60 60	FMLA Dep: Ca 01 02 06 07	7 Time Cloci 05500 05500 05500 05500 05600 05600 05600 05600 07000 07000 07100	rears, or p	Fi Fi Fi Fi Fi Fi Fi Fi	n a fine U.S.C.	1001).	
Reason I was incapacitated and a second a second and a second	property of the Hatch Act and Medical Leave of Medical Le	ing this absence: enatal Care, or Child edical, Dental, or Op r freatment Job-reis edical, Dental, or Op r freatment Job-reis of a Child with Empl of a Chil	Care T Care T	Warning than \$10, warning than	: The furn	Time Card 55 55 55 56 56 66 67 77 81 77 61 46 79 82 59 59 59 59 60 60 60 60 60 60 60 60	false information from the false information fro	Time Clock 06500 06500 06500 06500 06600 06600 07100	rears, or p	Day or result in the state of t	n a fine U.S.C.	1001).	
Reason I was incapacitated as a second of the second of th	property of the Hatch Act and Medical Leave of Medical Le	ing this absence: enatal Care, or Child edical, Dental, or Op r freatment Job-reis edical, Dental, or Op r freatment Job-reis of a Child with Empl of a Chil	Care T Care T	Warning than \$10, vipes and Co on Only) vipes and Co only)	: The furn	Time Gard 55 56 56 56 56 56 67 77 61 61 61 77 77 77 61 61 62 65 66 66 60 60 60 60	FMLA Dep. Ca Ca Ca Ca Ca Ca Ca Ca	Time Clock 06500 06500 06500 06500 06500 06600 06600 0710	rears, or p	Day Satt 100 Sun	n a fine U.S.C.	1001).	
Reason I was incapacital Sciences J Scien	protection of the control of the con	ing this absence: enatal Care, or Child Gere, or Child Gere, or Child Geredical, Dental, or Ope Treatment of Ope Treatment or	Care Dept. Care Dept. Care Dept. Care Dept. Care Dept. D	Warning than \$10, //pes and Co on Only) //pes and Co only) /	: The furn	Time Card 55 55 56 56 56 56 66 67 77 77 71 77 61 45 79 28 59 59 60 60 60	FMLA Dep. Call Oct	Time Clock Time Clock Time Clock O6509 O6609 O6609 O6609 O6609 O6609 O6609 O6609 O6609 O7600 O7700 O7100 O	rears, or p	Day of result in the state of t	n a fine U.S.C.	1001).	
Reason I was incapacital Sciences J Scien	protection of the control of the con	ing this absence: enatal Care, or Child Gere, or Child Gere, or Child Geredical, Dental, or Ope Treatment of Ope Treatment or		Warning than \$10, Vipes and Co Vipes and C	t: The furnition of the first state of the function of the furnition of the first state of the furnition of	Time Card	FMLA Dep. Ca	Time Cicel Time Cicel 08500 08509 08509 08509 08609 08609 08609 08600 07100	rears, or p	Day Satt 100 Sun	n a fine U.S.C.	1001).	
Reason I was incapacitated by the company of the co	provided for duty dury dury provided for duty dury provided for duty dury provided for duty buildings for duty for document of the duty provided for duty fo	ing this absence: enatal Care, or Child education of Care, or Child education of Care of	Leave T	Warnington Than \$10) Warnington Than \$10 Warnington War	t: The furnition of the first state of the function of the first state	Time Card 55 55 55 56 56 56 57 77 78 61 61 61 62 63 66 60 60 60 60 60 60 60 60 60 60 60 60	false infond of not false infond info	Time Cicel Time Cicel (8550)	rears, or p	Day Office of the Control of the Con	n a fine U.S.C.	1001).	
Reason I was incapacitated in the control of the co	properties of the state of the	ing this absence: enatal Care, or Chidi edical, Dental, or Op Treatment (Job-reis edical, Dental, or Opi Treatment (Job-reis edical, Dental, or Opi Treatment (Job-reis edical, Dental, or Opi Treatment of a Child with Empl of a Child with Empl or of a Child with Empl or of Sost Care anily Member's Qual an Injured or Ill Milita ber tion) the purpose of engaging is its implementing regular Act (FMLA) protect instructions. Jober for this condition i sideal information to local deal information to local sideal information to local lows:	Care	Warningham S10, 10 Marsh S10,	t: The furniture of the first of the function of the furniture of the furn	Time Card	False infont of not FMLA Dep. Ca 00 00 00 00 00 00 00	Time Clock 105500 105500 105500 105500 105500 105500 105600 10	rears, or p	Day Sat Office of the Control of the	n a fine U.S.C.	1001).	
Reason I was incapacitated and a second a se	protection of the control of the con	ing this absence: enatal Care, or Child Gere, or Child Gere, or Child Geredical, Dental, or Ope Treatment of Ope Treatment of Ope Treatment or		Warningham S10, 10 Marsh S10,	In The furniture of the first o	Time Card	False information of not	Time Clock 105500 05509 05509 05509 05600 05600 05600 05600 05600 07700 071000 071000 071000 071000 071000 071000 071000 071000 071000 071000 071000	rears, or p	Day Office of the Control of the Con	n a fine U.S.C.	1001).	
Reason I was incapacitz Sciences Sciences Sciences Control of the Job Injury Off-the-Job	protection of the protection o	ing this absence: enatal Care, or Child Green of Ch		Warningham S10, 10 Marsh S10,	E The fum	Time Card	false information of not false information of	Time Clock 05500 05509 05509 05609 05609 05609 05609 05600 07800 07800 071000 0710000 07	rears, or p	Day PF Suppose	n a fine U.S.C.	1001).	
eason I was/will be unar Sick Leave for Dependen Care (See ELM) Birth of a Child/Bonding To Care for a Family	pated for duty dury dury properties of the prope	ing this absence: enatal Care, or Child cone, or Treatment or Child cone, or Chil		Warningham S10, 10 Marsh S10,	E The fum	Time Card	False information of not	Time Clock 105500 05509 05509 05509 05600 05600 05600 05600 05600 07700 071000 071000 071000 071000 071000 071000 071000 071000 071000 071000 071000	rears, or p	Prince P	n a fine U.S.C.	1001).	

PS Form 3971