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LABOR RELATIONS



July 9, 2021

Mr. Brian J. Wagner
President
National Association of Postal
Supervisors
1727 King Street, Suite 400
Alexandria, VA 22314-2753

Dear Mr. Wagner:

As a matter of general interest, the Postal Service will be modifying a revision planned for the Employee and Labor Relations Manual (ELM), Exhibit 514.4, *Acceptable Reasons and Instructions for LWOP* and PS Form 3971, *Request for or Notification of Absence* as ordered by Arbitrator Stephen Goldberg's national award Q15-4Q-C 17697250/18033533. Notice of the ELM revision was in the Postal Bulletin dated April 26, 2018. However, the revision was never incorporated into the ELM.

We have enclosed copies of Postal Bulletin articles scheduled to be published July 29 concerning this matter. We have also enclosed a final draft copy of the revised PS Form 3971.

Please contact Bruce Nicholson at 7773 if you have questions concerning this matter.

Sincerely,

A handwritten signature in blue ink, appearing to read "David E. Mills".

David E. Mills
Director
Labor Relations Policies and Programs

Enclosures

PS Form 3971: Request for or Notification of Absence

The article "PS Form 3971 Revision: Notification of Absence," published in Postal Bulletin 22482 (12-7-17, page 48), announced a revision to PS Form 3971, *Request for or Notification of Absence*, with an edition date of October 2017 — however, that revision has been rescinded, and the Postal Service™ has released a revision of PS Form 3971 with an edition date of July 2021.

Use only the July 2021 edition of PS Form 3971 — all previous editions of PS Form 3971 are obsolete and must be recycled.

The July 2021 edition of PS Form 3971 is now available from the Material Distribution Center (MDC) in Topeka, KS. You can order the revised PS Form 3971 through the MDC eBuy+ catalog.

Note: Some military sites without eBuy+ access can place orders by contacting their Joint Military Postal Activity (JMPA).

Use the following information to order PS Form 3971:

PSIN:	PS 3971
PSN:	7530-02-000-9136
Unit of Issue:	PD (Each pad has 100 forms)
Minimum Order Quantity:	5 pads
Quick Pick Number:	227
Price*:	\$0.6699/pad
Edition Date:	7/21

** Price is current as of this date but is subject to change.*

The July 2021 edition of PS Form 3971 is now available on the Postal Service PolicyNet website:

- Go to <http://blue.usps.gov>.
- In the left-hand column under "Essential Links," click on *PolicyNet*.
- On the right-hand side under "Published Forms and Directives," click on *Forms*, and then click on the appropriate range.
- Scroll down to the form entry and click the PDF icon.

The direct URL for the PolicyNet website is <http://blue.usps.gov/cpim>.

— Payroll, Controller, 7-29-21

ELM Revision Rescinded: Acceptable Reasons and Instructions for LWOP

Effective July 29, 2021, the revision planned for *Employee and Labor Relations Manual* (ELM), Exhibit 514.4, "Acceptable Reasons and Instructions for LWOP," as detailed in the article "ELM Revision: Leave" published in *Postal Bulletin* 22492 (4-26-18, page 4), is rescinded.

The ELM is available on the Postal Service™ PolicyNet website:

- Go to <http://blue.usps.gov>.
- In the left-hand column, click *Essential Links*, and then click *PolicyNet*.
- Go to the right-hand side under "Published Forms and Directives."
- Click *Manuals*.

The direct URL for the Postal Service PolicyNet website is <http://blue.usps.gov/cpim>.

— *Benefits and Wellness,
Human Resources, 7-29-21*



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					Hour
Time of Call or Request	Scheduled Reporting Time	If Needed, Employee Can Be Reached At:		Thru: Date	Hour	SCHEDULED	UNSCCHEDULED	Day	Init.	Hours
		<input type="checkbox"/> Do not call								
Type of Absence	Documentation (For official use only)	Revised Schedule for (Date)		Approved in Advance		SCHEDULED	UNSCCHEDULED	Day	Init.	Hours
<input type="checkbox"/> Annual	<input type="checkbox"/> FMLA Requested (Certification review - HRSSC)	Begin Work		<input type="checkbox"/> Yes <input type="checkbox"/> No						
<input type="checkbox"/> Holiday/AL Lv Exch	<input type="checkbox"/> For COP Leave (CA1 on file)	Lunch Out		Lunch In						
<input type="checkbox"/> Carrier 701 Route	<input type="checkbox"/> For Advanced Sick Leave (PS 1221 on file)	End Work								
<input type="checkbox"/> LWOP (See reverse)	<input type="checkbox"/> For Military Leave (Orders reviewed)	Total Hours								
<input type="checkbox"/> Sick (See reverse)	<input type="checkbox"/> For Court Leave (Summons reviewed)									
<input type="checkbox"/> Late	<input type="checkbox"/> For Higher Level (PS 1723 on file)									
<input type="checkbox"/> COP (See reverse)	<input type="checkbox"/> Scheme Training Testing Qualifying (Memo on file)									
<input type="checkbox"/> Other										
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			Do not check an FMLA box until you verify the FMLA designation.			Signature of Supervisor and Date				
<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:	<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)	Leave Types and Codes (Information Only)	Time Card	FMLA Dep. Care	Time Clock	SCHEDULED	UNSCCHEDULED	PP	Year	
			Annual	65		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	65	01	05599	SCHEDULED	UNSCCHEDULED	Day	Init.	Hours
			Sick	56		05600					
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:	Employee must not be asked to disclose personal medical information to local management. FMLA certification must be mailed to HRSSC.	Sick - FMLA	56	02	05699	SCHEDULED	UNSCCHEDULED	Day	Init.	Hours
			Sick - Dependent Care	66	08	05697					
Additional Documentation Required as follows:			Sick - Dependent Care - FMLA	56	07	05688	SCHEDULED	UNSCCHEDULED	Day	Init.	Hours
			Absent Without Leave	24		02400					
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; to the EEOC; and to the MSPB or Office of Special Counsel. For more information regarding our privacy policies visit www.usps.com/privacypolicy .			Act of Nature	78		07800	SCHEDULED	UNSCCHEDULED	Day	Init.	Hours
			Blood Donor	69		06900					
			Civil Defense	77		07700	SCHEDULED	UNSCCHEDULED	Day	Init.	Hours
			Civil Disorder	81		08100					
			COP - USPS	71		07100	SCHEDULED	UNSCCHEDULED	Day	Init.	Hours
			COP - USPS - FMLA	71	03	07199					
			Court Duty	61		06100	SCHEDULED	UNSCCHEDULED	Day	Init.	Hours
			Donated	45		04500					
			Donated - FMLA	46		04600	SCHEDULED	UNSCCHEDULED	Day	Init.	Hours
			HQ Authorized Administrative	79		07900					
			Holiday - AL Leave Exchange	28		02800	SCHEDULED	UNSCCHEDULED	Day	Init.	Hours
			LWOP - Part Day	59		05900					
			LWOP - Part Day - FMLA	59	05	05999	SCHEDULED	UNSCCHEDULED	Day	Init.	Hours
			LWOP - Full Day	60		06000					
			LWOP - Full Day - FMLA	60	06	06099	SCHEDULED	UNSCCHEDULED	Day	Init.	Hours
			LWOP - IOD/OWCP	49		04900					
			LWOP - IOD/OWCP - FMLA	49	04	04999	SCHEDULED	UNSCCHEDULED	Day	Init.	Hours
			LWOP - In Lieu of Sick Leave	59 or 60		05901 or 06001					
			LWOP - Maternity	59 or 60		05905 or 06005	SCHEDULED	UNSCCHEDULED	Day	Init.	Hours
			LWOP - Military	44		04400					
			LWOP - Personal Reasons	59 or 60		05903 or 06003	SCHEDULED	UNSCCHEDULED	Day	Init.	Hours
			LWOP - Proffered	59 or 60		05902 or 06002					
			LWOP - Suspension	59 or 60		05906 or 06006	SCHEDULED	UNSCCHEDULED	Day	Init.	Hours
			LWOP - Suspension Pend Term	59 or 60		05908 or 06008					
			LWOP - Union Official	84		08400	SCHEDULED	UNSCCHEDULED	Day	Init.	Hours
			Military	67		06700					
			Relocation	80		08000	SCHEDULED	UNSCCHEDULED	Day	Init.	Hours
			Voting Leave	85		08500					
			Other Paid Leave	86		08600	SCHEDULED	UNSCCHEDULED	Day	Init.	Hours

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