

## Article 16 Brainstorm Sheet

Grievant:

Date Issued:

Veteran:

Type of discipline?

Years of service:

<u>Is there a rule?</u>	<u>Is it a reasonable rule?</u>	<u>Is the rule consistently and equitably enforced?</u>	<u>Thorough and Objective</u>
<u>Severity of the discipline</u>	<u>Was it issued timely?</u>	<u>Corrective rather than punitive? Progressive?</u>	<u>Review and concurrence issues?</u>

Is it a safety related discipline?

Is it an attendance related discipline?

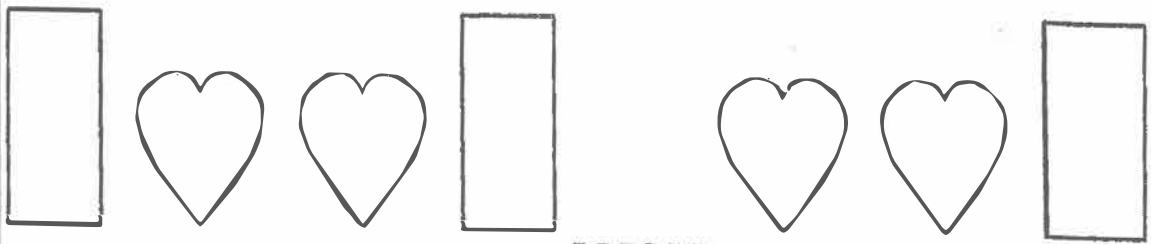
Was there a specific safety rule cited?

Has the carrier been referred to EAP or FMLA?

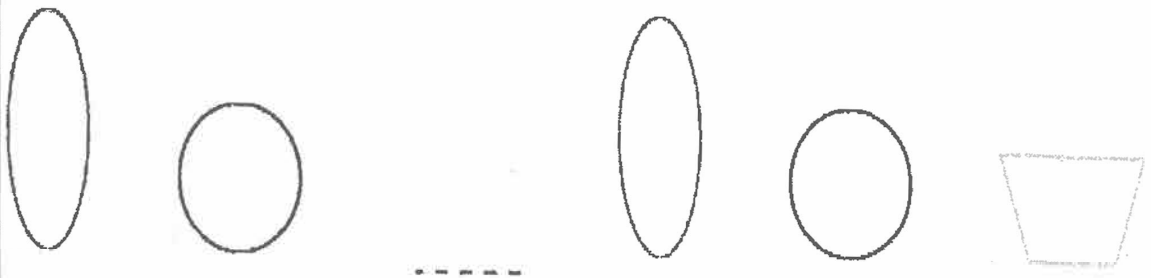
Other mitigating factors:

What's missing?

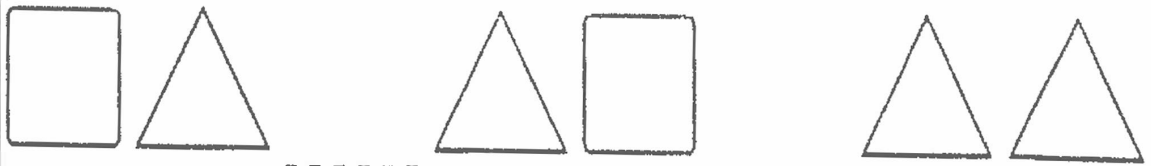
1.



2.



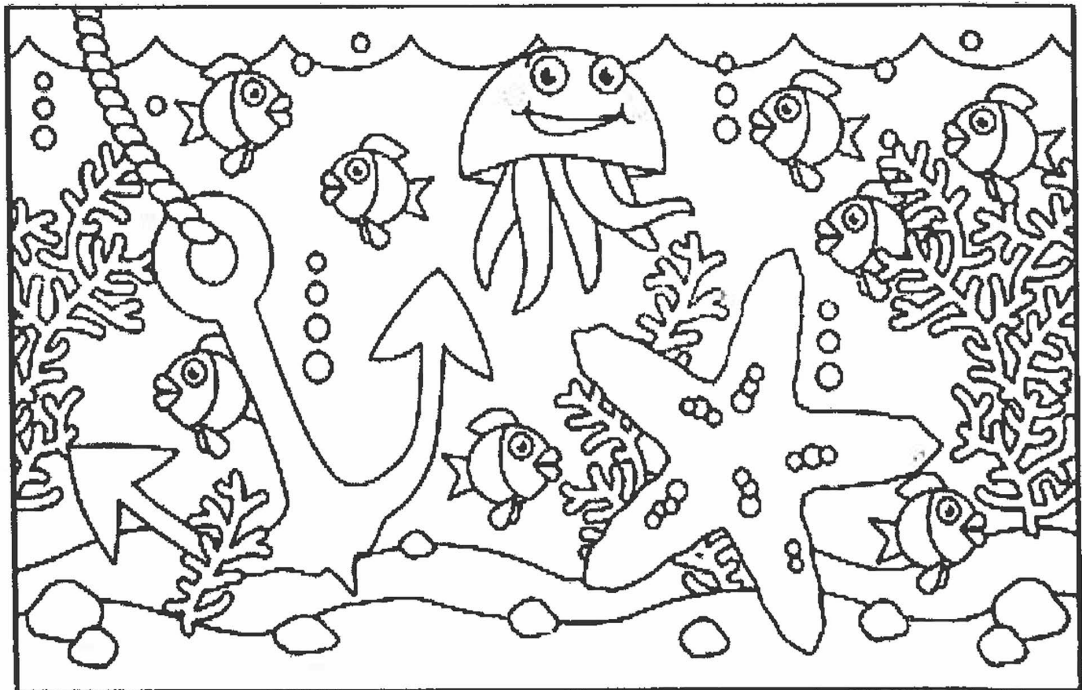
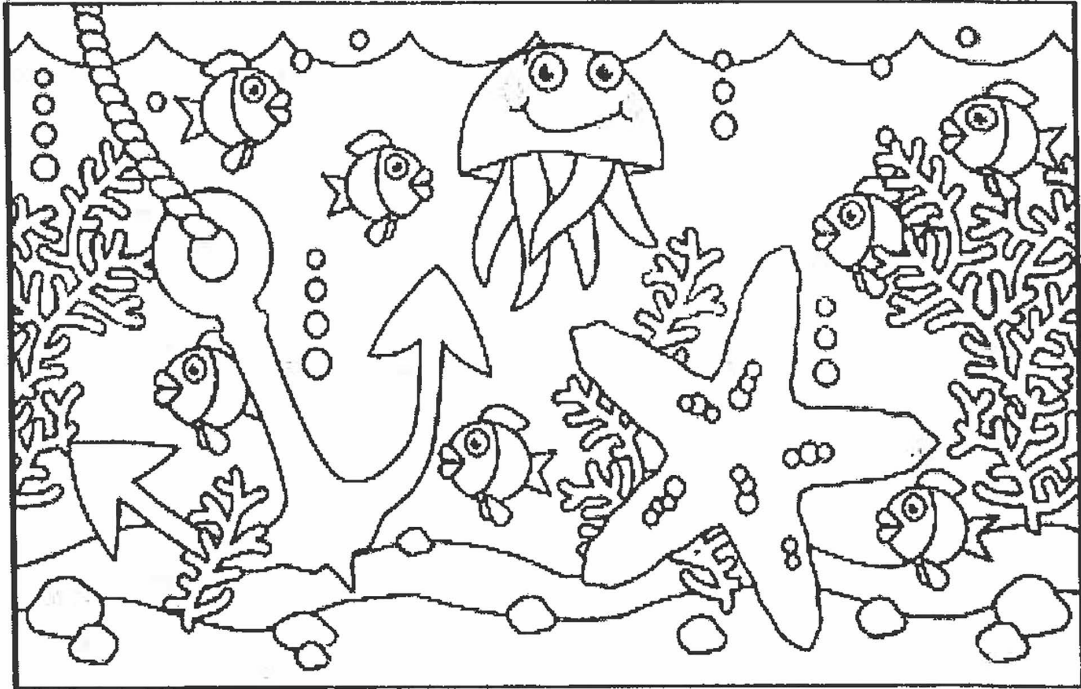
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4.



Can you find 10 differences between the two pictures?



## READ AND CONNECT

Is there a rule?

How is it reasonable for the grievant to report to work and perform her duties when she is incapacitated by illness?

Is the rule a reasonable rule?

Almost six months had passed prior to her illness which hospitalized her in June 2022.

Is the rule consistently and equitably enforced?

Management simply made assumptions without supporting evidence.

Was a thorough investigation completed?

Handbook M-11 112.22 Report for work promptly as scheduled.

Was the severity of the discipline reasonable related to the infraction itself and in line with that usually administered, as well as to the seriousness of the employee's past record?

Management failed to review her attendance quarterly and treated her desperately when she had fewer incidents but more severe discipline.

Was the disciplinary action taken in a timely manner?

In view of the incident dates cited and duplicate dates the discipline is punitive in absence of history, excessive behavior, or corrective measures.





*frequently divide the question of just cause into six sub-questions and often apply the following criteria to determine whether the action was for just cause. These criteria are the basic considerations that the supervisor must use before initiating disciplinary action.*

- **Is there a rule? If so, was the employee aware of the rule?** Yes. All employees of the Livermore Post Office are expected at minimum, to obey the instructions of their supervisors and to follow all rules and regulations set forth by the United States Postal Service. Additionally, the Postal Service has rules regarding attendance. Employees are expected to follow those rules, the grievant confirmed in the investigative interview that he is aware of the rules.
- **Is the rule a reasonable rule?** Yes, the rule is reasonable. It is reasonable to expect that employees will come to work. Additionally, the rules are reasonable and universal in the business world.
- **Is the rule consistently and equitably enforced?** Yes. The rule is consistently and equitably enforced. Management contends there is no disparity in treatment. This is undisputed as the Union makes no argument about the equitable enforcement of the cited rules.
- **Was a thorough investigation completed?** Yes. The case file contains voluminous documents attesting to the thorough investigation conducted by Management. The grievant was given an opportunity to explain her actions in an investigative interview wherein she was properly represented by the Union.
- **Was the severity of the discipline reasonably related to the infraction itself and in line with that usually administered, as well as to the seriousness of the employee's past record?** Yes. The total disregard of the grievant's attendance issues, rises to the level of discipline from the Postal Service.
- **Was the disciplinary action taken in a timely manner?** Yes. Upon conclusion of the investigation all documents were reviewed, and the discipline timely issued.

**Corrective Rather than Punitive?** Yes. the grievant's actions are serious in nature and have risen to the level of concern from the United States Postal Service.

Having given due consideration to all the evidence submitted for review, the case file provides more than ample evidence to establish just cause for a notice of removal. The grievant knowingly and willfully acted as charged. The Union has failed to prove otherwise.

The Management Step A representative has provided voluminous documentation in support of Management's position and the Management Step B Representative fully concurs. Having established "Just Cause" for the issuance of the discipline, the burden of proof now shifts to the Union to prove a violation of the National Agreement has occurred. The Union has failed to meet that burden

For all evidence in the case file and all arguments made above, **Management affirms that the NOR was for just cause and properly administered.** I respectfully request that this grievance be denied in its entirety.

#### **THE NALC STEP B TEAM MEMBERS POSITION:**

The Union at Formal Step A has thoroughly framed the issues and accurately presented the necessary information and documentation to show violations of the National Agreement and Federal laws and regulations. Per Article 15.2 Step B (a), JCAM page 15-7, the Union member of the DRT



DATE: JULY 28,2022  
SUBJECT: LETTER OF WARNING  
NAME: SURE  
POSITION: PTF Carrier  
EID:  
FACILITY

This official disciplinary letter of warning is being issued to you for the following reasons:

**CHARGE: "FAILURE TO MAINTAIN REGULAR ATTENDANCE."**

Since SEPT 2021, you have failed to adhere to your schedule on the below listed dates:

<u>DATE</u>	<u>IRREGULARITIES</u>
SEPT 28-OCT 1,2021	UNSCHEDULED SL
NOV 1,2021	UNSCHEDULED SL
DEC 27-JAN 3,2022	UNSCHEDULED SL
JUNE 11-28, 2022	UNSCHEDULED SL

During my investigation of this matter you were asked for an explanation of your conduct. You stated that "Due to excessive hours, I been scheduled to work my body can't take it and it causes me to get sick. Your explanation is unacceptable. I find that you are aware of the call-in procedures and that you are aware of your responsibility to be regular in attendance. You have been made aware of your responsibilities concerning following instructions and attendance requirements through stand-ups.

If the Postal Service is to accomplish its mission of cost-effective and efficient distribution and delivery of the mails, all employees are expected to be regular in attendance, including maintaining their assigned schedule and making every

LETTER OF WARNING

JUL 23, 2025

PAGE 2 OF 3

effort to avoid unscheduled absences. Based on your attendance record, it is evident that you have been unable to comply with the requirement. In addition, all employees under the jurisdiction of the this office have been placed on clear notice that, although the leave may be approved for pay purposes, failure to be regular in attendance and/or unscheduled absences may be cause for disciplinary action up to and including removal from the Postal Service.

Your actions are in violation of, but not limited to:

ELM 511.43 Employee responsibilities. Employees are expected to maintain their assigned schedule and must make every effort to avoid unscheduled absences. In addition, employees must provide acceptable evidence for absences when required.

Handbook M-41 112.22 Report for work promptly as scheduled.

ELM 665.41 Employees are required to be regular in attendance. Failure to be regular in attendance may result in disciplinary action, including removal from the Postal Service.

ELM 665.42 (in part) Employees who fail to report for duty on scheduled days, including Saturdays, Sundays and holidays, are considered absent without leave except in cases where actual emergencies prevent them from obtaining permission in advance. In emergencies, the supervisor or proper official must be notified of the inability to report as soon as possible. Satisfactory evidence of the emergency must be furnished later. An employee who is absent without permission or fails to provide satisfactory evidence that an actual emergency existed will be placed in a non-pay status for the period of such absence. The absence may be the basis for disciplinary action.

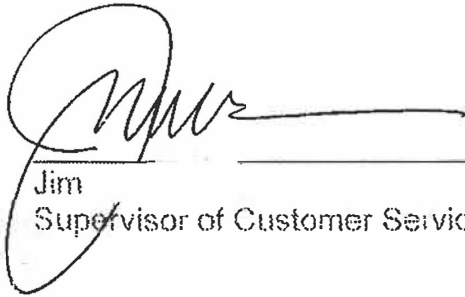
It is hoped that this official letter of warning will serve to impress upon you the seriousness of your actions and that future discipline will not be necessary. If you are having difficulties which I may not be aware of, or if you need additional assistance or instructions for improving your performance, please call on me. You may also consult with your other supervisors and they will assist you where possible. However, I must warn you that future deficiencies will result in more severe disciplinary action being taken against you. Such action may include suspensions or removal from the Postal Service.

DISC

LETTER OF WARNING

JULY 28, 2022  
PAGE 3 OF 3

You have the right to file a grievance under the Grievance/Arbitration procedures set forth in Article 15 of the National Agreement within 14 days of your receipt of this letter.

  
\_\_\_\_\_  
Jim  
Supervisor of Customer Services

7/28/2022  
Date

CC:

Labor Relations  
Official Personnel Folder

Received by employee: 4:09 pm  
Time

\_\_\_\_\_  
Employee's signature

7/28/22  
Date Rec'd

Just Cause Interview  
 NALC: M Abante  
 / Union Copy

PTF: SUE  
 SCS Adam  
 Attendance

Start: 1:31

Finish: 1:55

1. The purpose of this interview is to conduct a just cause investigation. The term just cause, is a "term of art" created by labor arbitrators. It has no precise definition. Simply put, though, it provides for a fair and provable justification for discipline. In other words, it is used to determine whether disciplinary action is warranted for certain actions that have occurred. Do you understand this?

A. Yes

Victoria: Are saying I'm going to get disciplined for my absences?

SCS: Adam yes, you'll be getting something, you missed a lot of work.

2. Concerning this "Just Cause" interview, it is to determine whether disciplinary action is warranted. You will be asked specific questions about the issue referenced above and based on your responses I will determine whether or not disciplinary action is warranted, and if disciplinary action is warranted, what level of discipline, up to and including removal from the Postal Service. Do you understand what I just Read?  
 A. Yes, not happy
3. In addition, the ELM (665) requires that employees cooperate in any postal investigation. Are you aware of this requirement?  
 A. No
4. The ELM 665 also requires that employees provide truthful and honest answers in postal investigations. Are you aware of this requirement?  
 A. I don't know what ELM is, but I'm willing to cooperate.
5. If it is later determined that you were not truthful and honest in answering questions and/or you do not cooperate in this postal investigation, you may be subject to disciplinary action up to and including removal from the Postal Service. Do you understand these requirements?  
 A. Again, I don't know ELM, but I'm willing to cooperate.
6. As an employee of the US Postal Service are you aware that violations of postal rules, regulations, and policies can result in disciplinary actions such as letters of Warning and suspensions up to and including removal?  
 A. I do not know what all the rules and regulations are.

Finally, if you refuse to answer any of these questions, I will have to determine whether disciplinary action is warranted based upon the evidence of record, and on the other information gathered as part of my investigation.

7. For the record, please state your name, position, and how long you've been working for USPS?

Union Copy

Just Cause

SUE

Just Cause

- A. SUE PTF, 3 years and I think 19 days.
8. Did management speak to you concerning being regular in attendance?  
 NALC: Who, did SCS Adam speak with you?  
 A. No
9. Why were you absent on Sept 28-Oct. 1, 2021?  
 NALC: Can we see PS 3971s?  
 SCS Adam I don't have those, only ETCs. and some PS 3972s.  
 Note: PS 3972s for 2022  
 A. I don't recall
10. Why were you absent on November 1, 2021?  
 NALC: no 3971s, PS 3972  
 A. I have no idea.
11. Why were you absent on December 27-Jan. 3, 2021?  
 NALC: no 3971s, PS 3972  
 A. I was ill and in the emergency room in the hospital.  
 NALC: These are old dates, why are you bringing them up now?  
 SCS Adam I don't know  
SUE, SCS Jim asked me about them last year and told me to give him documentation which I did. That's the last I heard about it.  
 NALC: So why are you asking about them again?  
 SCS Adam, SCS Jim is busy so told me to do just cause.
12. Why were you absent on June 11-28, 2022?  
 A. I was sick and in the emergency room twice.
13. Is it true you text your supervisor that you were admitted or still in the hospital?  
 A. Yes, I texted Jim I was still in the hospital.
14. Is it true that you don't have any documentation from the hospital that you said you were admitted but only electronic signed note dated 6/27/2022 when you return to work?  
 A. My regular doctor was not my attending physician in the hospital. My regular doctor is the one who electronically signed the note after I was released, FMLA is pending.  
 NALC: Did you have different physicians in the hospital?  
 Victoria, yes so, my regular doctor signed the note.
15. Is there anything else you would like to share that may help us in this investigation?  
 A. Due to excessive hours, I've been scheduled to work my body can't take it and it causes me to be sick.  
 NALC: I thought you're a 204b?  
SUE, because we are shorthanded, I'm carrying mail.  
 NALC: what do you mean shorthanded?  
SUE, shortage of employees so everyone is carrying additional routes and swings and being mandated. I'm older than most and it affects me more.

END

NALC Investigation

Interview with: SCS Jim  
Date:  
Grievant: \

NALC: M. Abante  
Office:

Start: 1:21

Finish: 1:34

Subject: Information regarding the Letter of Warning (L.O.W) content dated July 28, 2022, issued to grievant

1. Did you conduct a full and thorough investigation prior to issuing the grievant a disciplinary Letter of Warning?  
A. Yes
2. Did the grievant abuse her sick leave? If so, how?  
A. At that time, she has no more sick leave.
3. What specific information did you rely on to issue the grievant a Letter of Warning?  
A. I asked for documentation, and she provided it when she came back.
4. Do you have any information proving the grievant was not "sick"? If so, what specifically?  
A. No
5. What is satisfactory attendance?  
A. Just to be here and to be at work and provide documentation when asked for it.
6. What is irregular attendance?  
A. Not at work most of the time.
7. Is 'SUE' at work most of the time?  
A. Yes
8. Must a carrier follow instructions even it may cause him harm or injury?  
A. No
9. Why did you include dates from 2021 previously discussed with the grievant in this Letter of Warning?  
A. Cause I believe there is a pattern. She went on vacation.
10. Did you previously discuss these dates with 'SUE'?  
A. Yes
11. Has the grievant improved her attendance as of Jan. 3, 2022?  
A. Yes
12. How is it reasonable for the grievant to report to work and perform carrier duties when she is incapacitated by illness?  
A. No, she can't.
13. Does management require employees to report to work even though they are sick? If so, explain.  
A. No,



14. Is the grievant on restricted sick leave?

A. No,

15. Did you inform the grievant you would use these 3971s against her as evidence to issue discipline? If not, why not?

A. I don't remember.

16. Do you have proof that she did not acquire an unexpected illness or sickness for all the dates cited in the discipline? If so, what?

A. No,

17. What elements of just cause did you secure to justify this discipline?

A. She called out a minimum of a week.

18. Are these your full and complete answers for this interview conducted by the NALC?

A. Yes.

Grievant Interview  
NALC: M. Abante  
Carrier: SUE

Per Phone conversation

1. Did you make every effort to come to work?  
A. I got sick and was hospitalized I make every effort to come to work.
2. Is it true you asked SCS Adam if you were going to receive discipline during the just cause interview?  
A. Yes, we hadn't finished the interview and he already told me I was going to get disciplined. I wasn't happy. I hadn't even answered the questions and he decided I was going to receive discipline. He was here in temporarily. SCS Adam is originally from Office, and he was told I would be getting discipline.
3. Did SCS Jim ever present the PS 3971s to you for review or signing?  
A. No, they were never discussed.
4. Where you ever given a copy of the PS 3971?  
A. I wasn't given any or saw any and I gave my documentation.
5. Were you ever notified you were placed on restrictive sick leave?  
A. No
6. Were you ever notified that you would be required to provide documentation for all absences by deems desirable list?  
A. No.
7. Have you previously been asked about dates in 2021?  
A. SCS Jim told me he was reviewing my attendance the beginning of the year with the dates of 2021 and asked me for documentation which I think I gave him. I didn't get disciplined, and I haven't called in sick since June when I was hospitalized.
8. When was the last time your attendance was reviewed?  
A. The beginning of the year. I didn't know my attendance was a problem. Now because we don't have enough employees, I am working longer hours and days off. I'm older and can't take it.

# NATIONAL ASSOCIATION OF LETTER CARRIERS

Greater East Bay Branch 1111 - Affiliated with AFL-CIO

## REQUEST FOR INFORMATION RELATIVE TO PROCESSING A GRIEVANCE PURSUANT TO NATIONAL AGREEMENT ARTICLE 17, SECTION 3 AND ARTICLE 31, SECTION 2.

GRIEVANT: *SURE*  
GRIEVANCE: (

SHOP STEWARD: M. Abante  
OFFICE: (

CONCERNING: Article 16 & 19 (JCAM)

REQUESTING INFORMATION: (copies)

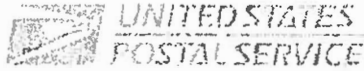
DATE NEEDED:

- 1. ETC's for grievant *7 pages* All dates cited in the discipline
- 2. Managements Just Cause interview notes (typed and written) *1 page*
- 3. PS 3971's *13 pages* All dates cited in discipline
- 4. Any and all FMLA documentation on file for V. Jackson for all dates cited in discipline *Nothing provided as requested*
- 5. Any/all medical and supporting documentation submitted for all dates cited in discipline *3 pages*
- 6. PS form 3972's *16 pages* 2021,2022
- 7. ERMS call in sick log *Nothing provided as requested* All dates cited in the discipline.
- 8. All past discipline which management relied upon as a past element and final NALC/USPS resolve.
- 9. Any Official Discussion notes which management relied on as a past element concerning charges in current discipline. *1 page question*
- 10. All statements, interviews, memos, emails, text's, documents, pictures management relies on to issue this Letter of Warning *2 pages*
- 11. Copy of Letter of Warning dated *7/28/2022* *3 pages*
- 12. All documentation showing management conducted Quarterly Attendance Reviews with the grievant for the year 2021, 2022 *Nothing provided as requested*
- 16. PS Form 50 *Nothing provided as requested*

POSTAL OFFICIAL RECEIVING REQUEST

*[Signature]* DATE *8-14*

*MS received 8/16/2022*



**STEP B DECISION**

Step B Team:  
Bay Valley

Poppe, Michael  
Lujan, Joseph

District Grieving:  
California 2

Decision: RESOLVE  
USPS Number: 4F 19N-4F-D 22460509  
Grievant: SWE  
Branch Grievance Number:  
Branch: 1111  
Installation:  
Delivery Unit:  
State: California  
Incident Date: July 28, 2022  
Date Informal Step A Initiated: ,  
Formal Step A Meeting Date:  
Date Received at Step B:  
Step B Decision Date:  
Issue Codes: 16 3000/62 0100  
NALC Subject Codes: 000001  
Original Step B Received Date: N/A  
Date Sent to Assisting Team: N/A

**ISSUE:** Did Management establish just cause when issuing SWE a Letter of Warning for the charge Failure to Maintain Regular Attendance on July 28, 2022? If not, what is the appropriate remedy?

**DECISION:** The Dispute Resolution Team (DRT) has agreed to RESOLVE this grievance. Based on the file as presented, management did not meet the provisions of just cause prior to issuing the Grievant, SWE, a Letter of Warning (LOW) on July 28, 2022, for the charge of Failure to Maintain Regular Attendance. Therefore, the LOW will be rescinded and removed from all USPS files and records.

**EXPLANATION:** On July 28, 2022, Supervisor Customer Service (SCS) Jim issued the Grievant the LOW and it reads in relevant part:

"CHARGE: Failure to Maintain Regular Attendance

*Since SEPT 2021, you have failed to adhere to your schedule on the below listed dates:*

<u>DATE</u>	<u>IRREGULARITIES</u>
SEPT 28-OCT 1, 2021	UNSCHEDULED SL
NOV 1, 2021	UNSCHEDULED SL
DEC 27-JAN 3, 2022	UNSCHEDULED SL
JUNE 11-28, 2022	UNSCHEDULED SL

*During my investigation of this matter you were asked for an explanation of your conduct. You stated that "Due to excessive hours, I been scheduled to work my body can't take it and it causes me to get sick. Your explanation is unacceptable, I find that you are aware of the call-in procedures and that you*

are aware of your responsibility to be regular in attendance. You have been made aware of your responsibilities concerning following instructions and attendance requirements through stand-ups. Management contended that the Grievant didn't provide doctor documentation on time.

Management met at both Informal and Formal Step A of the grievance-arbitration procedure but declined to provide a position for this grievance. In box 18 of the PS Form 8190, management stated the grievant did not provide doctor documentation on time.

The Union contended that the Grievant only received discipline because she called in sick. Management has failed to provide evidence the Grievant was not ill or able to work safely and medical documentation was provided upon her return to work which was not controverted, therefore it must be considered as legitimate for days of absence. The Union contended that Management chose to issue discipline rather than accept the Grievant's explanation or pursue a thorough investigation to substantiate their charges. Management simply made assumptions without supporting evidence and failed to ensure their investigation was thorough and objective which is punitive rather than corrective and does not meet the just cause requirement.

The DRT finds the following provisions relevant to the instant case:

JCAM page 15-5

**Formal Step A 15.2 (d)**

*At the meeting the Union representative shall make a full and detailed statement of facts relied upon, contractual provisions involved, and remedy sought. The Union representative may also furnish written statements from witnesses or other individuals. **The Employer representative shall also make a full and detailed statement of facts and contractual provisions relied upon.** The parties' representatives shall cooperate fully in the effort to develop all necessary facts, including the exchange of copies of all relevant papers or documents in accordance with Articles 17 and 31. The parties' representatives may mutually agree to jointly interview witnesses where desirable to assure full development of all facts and contentions. In addition, in cases involving discharge either party shall have the right to present no more than two witnesses. Such right shall not preclude the parties from jointly agreeing to interview additional witnesses as provided above.*

Pages 16-1 through 16-3 of the Joint Contract Administration Manual (JCAM) explain the 'Just Cause Principle'. The just cause principle are basic considerations that a supervisor must use before initiating discipline.

**16. Section 1. Principles**

*In the administration of this Article, a basic principle shall be that discipline should be corrective in nature, rather than punitive. No employee may be disciplined or discharged except for just cause such as, but not limited to, insubordination, pilferage, intoxication (drugs or alcohol), incompetence, failure to perform work as requested, violation of the terms of this Agreement, or failure to observe safety rules and regulations. "Just cause" is a "term of art" created by labor arbitrators. It has no precise definition. It contains no rigid rules that apply in the same way in each case of discipline or discharge. However, arbitrators frequently divide the question of just cause into six sub-questions and often apply the following criteria to determine whether the action was for just cause. These criteria are the basic considerations that the supervisor must use before initiating disciplinary action.*

- *Is there a rule?*
- *Is the rule a reasonable rule?*

- *Is the rule consistently and equitably enforced?*
- *Was a thorough investigation completed?*
- *Was the severity of the discipline reasonably related to the infraction itself and in line with that usually administered, as well as to the seriousness of the employee's past record?*
- *Was the disciplinary action taken in a timely manner?*

#### **JCAM Pages 16-5 through 16-5**

##### **16.2 Section 2. Discussion**

*For minor offenses by an employee, management has a responsibility to discuss such matters with the employee. Discussions of this type shall be held in private between the employee and the supervisor. Such discussions are not considered discipline and are not grievable. Following such discussions, there is no prohibition against the supervisor and/or the employee making a personal notation of the date and subject matter for their own personal record(s). However, no notation or other information pertaining to such discussion shall be included in the employee's personnel folder. While such discussions may not be cited as an element of prior adverse record in any subsequent disciplinary action against an employee, they may be, where relevant and timely, relied upon to establish that employees have been made aware of their obligations and responsibilities.*

*Although included in Article 16, a "discussion" is non-disciplinary and thus is not grievable. Discussions are conducted in private between a supervisor and an employee.*

*Both the supervisor and the employee may keep a record of the discussion for personal use. However, these are not to be considered official Postal Service records. They may not be included in the employee's personnel folder, nor may they be passed to another supervisor.*

*Discussions cannot be cited as elements of an employee's past record in any future disciplinary action. Discussions may be used (when they are relevant and timely) only to establish that an employee has been made aware of some particular obligation or responsibility.*

In discipline cases Management bears the burden of proof to demonstrate the employee acted as charged and the provisions of just cause have been met. Although just cause has no precise definition, simply put, the just cause provision requires a fair and provable justification for discipline. In this case, management issued discipline for dates ranging from September of 2021, through June of 2022. One of the essential elements of the just cause provision is:

##### ***Was the disciplinary action taken in a timely manner?***

*Disciplinary actions should be taken as promptly as possible after the offense has been committed.*

Management did not provide an explanation for the long delay in imposing disciplinary action for the dates the grievance was absent in September, October, November, and December of 2021. Furthermore, the file contained an interview with a supervisor and documents noting the grievant was provided an official discussion for those same dates

The JCAM on page 16-5 states:

*Discussions cannot be cited as elements of an employee's past record in any future disciplinary action. Discussions may be used (when they are relevant and timely) only to*

Dispute Resolution Team  
Bay Valley  
4E 19N-4E-D 22460509 / CL-004-22L

*establish that an employee has been made aware of some particular obligation or responsibility.*

In accordance with the JCAM, official discussions cannot be cited as elements of an employee's past record in any future disciplinary action.

The Dispute Resolution Team (DRT) has agreed to resolve this grievance. Based on the file as presented, management did not meet the provisions of just cause prior to issuing the Grievant, <sup>SUE</sup> a Letter of Warning (LOW) on July 28, 2022, for the charge of Failure to Maintain Regular Attendance. Therefore, the LOW will be rescinded and removed from all USPS files and records.

The DRT agrees the adjudication of this instant dispute to be proper as stated in the decision.



**Michael Poppe**  
Step B Representative



**Joseph Lujan**  
NALC Step B Representative

cc: Postmaster, Area Labor Relations, MLR, NALC Branch President, NALC National Business Agent, MGR, District Human Resources, USPS Formal Step A representatives

**Grievance File Contents: (4E 19N- 4E-D 22460509 / CL-004-22L)**

Added at Step B Acknowledgement Notice (1) page  
Formal A appeal letter (1) page  
Time limit extensions (5) pages  
Official discussion (3) pages  
Union interview w/ Grievant (1) page  
PS Form 3971 (13) pages  
PS Form 3972 (9) pages  
Prior discipline example (4) pages  
Just cause interview (MANAGEMENT COPY) (1) page  
Instructions to submit medical documentation (3) pages  
ELM/M39 provisions (6) pages  
JCAM provisions (3) pages

PS Form 3972 (3) pages  
Union Contentions (3) pages  
LOW (3) pages  
Union interview w/ GOS Mahan (2) pages  
Union RFI (1) page  
Just cause interview (UNION COPY) (2) pages  
clock rings (10) pages  
Medical documentation (2) pages  
Return to work checklist (1) page  
ERMS report (2) pages  
C-2212 (1) pages  
Photocopy of mailing envelope to DRT (1) page

2021

Employee's Name

SUE

Note: The Egan DOE System (via D385) provides employees' entered on duty date, work hours in the last 26 pay periods, and current leave balances including FMLA and Sick Leave for Dependent Care.

Pay Period		Week 1					Week 2								
From	To	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri
7 Jul 31	Aug 13	31	01	02	03	04	05	06	07	08	09	10	11	12	
3 Aug 14	Aug 27	14	15	16	17	18	19	20	21	22	23	24	25	26	
3 Aug 28	Sep 10	28	29	30	31	01	02	03	04	05	06	07	08	09	
7 Sep 11	Sep 24	11	12	13	14	15	16	17	18	19	20	21	22	23	
1 Sep 25	Oct 08	25	26	27	28	29	30	01	02	03	04	05	06	07	
2 Oct 09	Oct 22	09	10	11	12	13	14	15	16	17	18	19	20	21	
3 Oct 23	Nov 05	23	24	25	26	27	28	29	30	31	01	02	03	04	
4 Nov 06	Nov 19	06	07	08	09	10	11	12	13	14	15	16	17	18	
5 Nov 20	Dec 03	20	21	22	23	24	25	26	27	28	29	30	01	02	
3 Dec 04	Dec 17	04	05	06	07	08	09	10	11	12	13	14	15	16	
1 Dec 18	Dec 31	18	19	20	21	22	23	24	25	26	27	28	29	30	

**Attendance Related Actions & Dates (See Instructions)**

On 11/8/22 I spoke to SUE regarding her attendance, further ~~an~~ excuse absence can lead to disciplinary action.

*[Signature]*

**Reviewing Supervisor's Comments, Signature & Date**

Jan

Feb.

March

April

May

June

July

Aug.

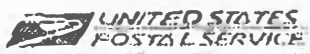
Sept.

Oct.

Nov

Dec.





Leave Year 2022 Absence Analysis

Employee's Name: **SUE** EIN: **A** Pay Location: **GG2-CARRIERS**

Instructions: Using the codes below and the hours involved, post current and previous quarters. Precede with letter 'F' when absence is recorded as Family And Medical Leave Act (FMLA) and with 'U' when absence is recorded as unscheduled on PS Form 3971. Post additional quarters if circumstances warrant. This form may also be used on an ongoing basis. On Page 2 of this form, the employee's supervisor records attendance-related actions, such as review of attendance, commendations, restricted sick leave, letters of warning and suspensions. A running total of FMLA hours used may be kept on page 2 of this form.

- |                                       |        |                            |       |                           |        |
|---------------------------------------|--------|----------------------------|-------|---------------------------|--------|
| Absent from Schedule ●T               | AOT*   | Court Leave                | CL    | Military Leave            | ML     |
| Absent Without Leave                  | A/WOL* | Emergency Annual Leave     | EAL*  | Sick Leave                | SL     |
| Annual Leave                          | AL     | Family Medical Leave Act   | F*    | Sick Leave/Dependent Care | SL/DC* |
| Annual Leave in Lieu of Holiday Leave | HAL*   | Holiday Leave              | H     | Unscheduled Absence       | U*     |
| Annual Leave in Lieu of Sick Leave    | SAL*   | Late Reporting             | L*    |                           |        |
| Administrative Leave                  | ADL    | Leave Without Pay          | LWOP  |                           |        |
| Continuation of Pay                   | COP    | LWOP in Lieu of Sick Leave | SWOP* |                           |        |
- \*Note: These are not separate leave categories, but a distinction is made for the purposes of analysis and tracking.

No.	From	To	Week 1							Week 2						
			Sat	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri
02	Jan.01	Jan.14	01	02	03	04	05	06	07	08	09	10	11	12	13	
03	Jan.15	Jan.28	15	16	17	18	19	20	21	22	23	24	25	26	27	
04	Jan.29	Feb.11	29	30	31	01	02	03	04	05	06	07	08	09	10	
05	Feb.12	Feb.25	12	13	14	15	16	17	18	19	20	21	22	23	24	
06	Feb.26	Mar.11	26	27	28	01	02	03	04	05	06	07	08	09	10	
07	Mar.12	Mar.25	12	13	14	15	16	17	18	19	20	21	22	23	24	
08	Mar.26	Apr.08	26	27	28	29	30	31	01	02	03	04	05	06	07	
09	Apr.09	Apr.22	09	10	11	12	13	14	15	16	17	18	19	20	21	
10	Apr.23	May.06	23	24	25	26	27	28	29	30	01	02	03	04	05	
11	May.07	May.20	07	08	09	10	11	12	13	14	15	16	17	18	19	
12	May.21	Jun.03	21	22	23	24	25	26	27	28	29	30	31	01	02	
13	Jun.04	Jun.17	04	05	06	07	08	09	10	11	12	13	14	15	16	
14	Jun.18	Jul.01	18	19	20	21	22	23	24	25	26	27	28	29	30	
15	Jul.02	Jul.15	02	03	04	05	06	07	08	09	10	11	12	13	14	
16	Jul.16	Jul.29	16	17	18	19	20	21	22	23	24	25	26	27	28	

Employee information

Employee ID: **SUE**

Finance #:

Employee Name:

Pay Location: **002 CARRERS**

January 2021							February 2021							March 2021							April 2021						
S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F
							1	2	3	4	5		1	2	3	4	5							1	2		
7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		1	2	3	4	5	6			
21	22	23	24	25	26	27	28	29	30	31									7	8	9	10	11	12			
28	29	30	31										13	14	15	16	17	18	19	20	21	22	23	24			
													20	21	22	23	24	25	26	27	28	29	30	31			
													27	28	29	30	31										

May 2021							June 2021							July 2021							August 2021						
S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25			
14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6				
21	22	23	24	25	26	27	28	29	30	31								7	8	9	10	11	12				
28	29	30	31									13	14	15	16	17	18	19	20	21	22	23	24				
												20	21	22	23	24	25	26	27	28	29	30	31				
												27	28	29	30	31											

September 2021							October 2021							November 2021							December 2021						
S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F
							1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18			
4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27				
11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31							
18	19	20	21	22	23	24	25	26	27	28	29	30	31					4	5	6	7	8	9				
25	26	27	28	29	30	31												11	12	13	14	15	16				
												18	19	20	21	22	23	24	25	26	27	28	29				
												25	26	27	28	29	30	31									

Legend: **Sched** **Unbilled** **SDO** **Holiday** **FMLA** **Light Duty** **Multi-Leav** **D - Denied**

Close

# Bay Valley District Return to Work Touchpoint

(Full day, part day and late arrivals - unscheduled Absences)

Employee: SUR :IN: \_\_\_\_\_ Pay Loc: \_\_\_\_\_

Employee Leave Balance A/L: 48.25 HRS S/L: 20 HRS

- |  |     |                                     |    |                          |
|--|-----|-------------------------------------|----|--------------------------|
| Was an Attendance Review Message generated?                                  | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| Reviewed leave balances with employee?                                       | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| Was employee offered FMLA?   | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| Was employee offered EAP?  | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| Employee signed 3971 & retain copy   | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| Was employee required to provide documentation ?                             | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| Was acceptable documentation provided by the employee?                       | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| Employee Notified of Attendance Regulations<br>(read below ELM requirements) | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

  
\_\_\_\_\_  
Supervisor's Signature

1/8/22  
\_\_\_\_\_  
Date

✂ Cut and give to emp' \_\_\_\_\_

Date:

1/8/22

Employee:

SUE

Supervisor:

Jim

This is an official discussion concerning your attendance.

You are required to be regular in attendance, please review your 3972, all dates highlighted aren't covered under FMLA.

Do you need FMLA?

NO

Do you need EAP?

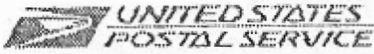
NO

Would like for you to know if you continue to be irregular in attendance it could lead to corrective action, do you understand?

YES

Do you have any questions?

NO

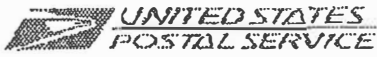


# Request for or Notification of Absence

Employee's Name (Last, first, MI) Employee ID 04703221		Date Submitted 06/22/2022	No. of Hours Requested 16.00		Scheduled Un- Scheduled	PP 14	Year 2022	
Installation (For PM leave, show city, state and ZIP code)		N/S Day	Pay Loc. # 002	D/A Code 434				From Date 06/24/2022
Time of Call or Request 09:24	Scheduled Reporting Time 06:00	Employee Can Be Reached At (If needed) <input type="checkbox"/> No Call		Thru Date 06/26/2022	Hour 14:30	Day SAT 01	Init.	Hours
Type of Absence <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Holiday/AL l.v. Exch <input type="checkbox"/> Career 701 Rule <input type="checkbox"/> LWOP (See reverse) <input type="checkbox"/> Sick (See reverse) <input type="checkbox"/> Late <input type="checkbox"/> COP Other: <input type="checkbox"/> SAL	Documentation (For official use only) <input type="checkbox"/> FMLA Requested (Certification review - HRSSC) <input type="checkbox"/> For COP Leave (CA1 on file) <input type="checkbox"/> For Advanced Sick Leave (1221 on file) <input type="checkbox"/> For Military Leave (Orders reviewed) <input type="checkbox"/> For Court Leave (Summons reviewed) <input type="checkbox"/> For Higher Level (1723 on file) <input type="checkbox"/> Scheme Training Testing Qualifying (Memo on file)		Revised Schedule for (Date)		Approved in Advance <input type="checkbox"/> Yes <input type="checkbox"/> No			
			Begin Work	Lunch Out	Lunch In	End Work	Total Hours	
Remarks (Do not enter medical information) Employee should review Privacy Information on the reverse of this form. NOT IOD; NOT FMLA; DOC REQ - Deems Desirable - Illness or Injury; Illness; Self								
I understand that the annual leave authorized in excess of amount available to me during the leave year will be changed 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 below 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				

Employee: Reason I Was Incapacitated for Duty During This Absence <input type="checkbox"/> Sickness <input type="checkbox"/> Pregnancy, Prenatal Care or Childbirth <input type="checkbox"/> On-the-Job Injury <input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Job related) <input type="checkbox"/> Off-the-Job Injury <input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Not job related) <input type="checkbox"/> Exposed to a Contagious Disease		Leave Types and Codes (Information Only)		Time Card	FMLA DepCare	Time Clock	Scheduled Un- Scheduled	PP 14	Year 2022
Reason I was/will be Unavailable for Duty During this Absence: <input type="checkbox"/> Sick Leave for Dependent Care (See ELM) <input type="checkbox"/> Placement of a Child with Employee for Adoption or Foster Care <input type="checkbox"/> Birth of Child / Bonding <input type="checkbox"/> A Military Family Member's Qualifying Exigency <input type="checkbox"/> To care for a Family Member (See ELM) <input type="checkbox"/> To care for an injured or ill Military Family Member									
LWOP - Union Official (Required Certification) 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.									
I am requesting 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 # 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 is 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; to the EEOC; and to MSPB or Office of Special Counsel. For more information regarding our privacy visit <a href="http://www.usps.com/privacypolicy">www.usps.com/privacypolicy</a> .									





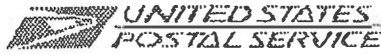
# Request for or Notification of Absence

Employee's Name (Last, first, MI.)		Employee ID	Date Submitted	No. of Hours Requested		Schedulable	Un-Schedulable	PP	Year	
Installation (For PAI leave show city, state and ZIP code)		N/S Day	Pay Loc. #	D/A Code	From Date					Hour
Time of Call or Request		Scheduled Reporting Time	Employee Can Be Reached At (If needed)		Thru Date	Hour				
Type of Absence		Documentation (For official use only)		Revised Schedule for (Date)		Approved in Advance				
<input type="checkbox"/> Annual <input type="checkbox"/> Holiday/AL Lv Exch <input type="checkbox"/> Carrier 701 Rule <input type="checkbox"/> LWOP (See reverse) <input checked="" type="checkbox"/> Sick (See reverse) <input type="checkbox"/> Late <input type="checkbox"/> COP <input checked="" type="checkbox"/> Other: <u>SL</u>		<input type="checkbox"/> FMLA Requested (Certification review - HRSSC) <input type="checkbox"/> For COP Leave (CA1 on file) <input type="checkbox"/> For Advanced Sick Leave (1221 on file) <input type="checkbox"/> For Military Leave (Orders reviewed) <input type="checkbox"/> For Court Leave (Summons reviewed) <input type="checkbox"/> For Higher Level (1723 on file) <input type="checkbox"/> Scheme Training Testing Qualifying (Memo on file)		<input type="checkbox"/> No Call Begin Work Lunch Out End Work Total Hours		<input type="checkbox"/> Yes <input type="checkbox"/> No Lunch In				
Remarks (Do not enter medical information) Employee should review Privacy information on the reverse of this form.										
NOT IOD; NOT FMLA; DOC REQ - Deems Desirable - Future										
I understand that the annual leave authorized in excess of amount available to me during the leave year will be changed to LWOP.										
Employee's Signature and Date			Signature of Person Recording Absence and Date			Signature of Supervisor and Date Notified				
Official Action on Application (Returns copy of signed request to employee)										
<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Disapproved (Give Reason below)			Do not check an FMLA box below 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				
not enough sick leave							<input type="checkbox"/> Continued on Reverse			

PS Form 3971, October 2017 (Page 1 of 2) PSN 7530-02-000-9136

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)

Employee: Reason I Was Incapacitated for Duty During This Absence		Leave Types and Codes (Information Only)	Time Card	FMLA Dep Care	Time Clock	Schedulable	Un-Schedulable	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									
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 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)									
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.									
I am requesting 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 # 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 is 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; to the EEOC; and to MSPB or Office of Special Counsel. For more information regarding our privacy visit <a href="http://www.usps.com/privacypolicy">www.usps.com/privacypolicy</a> .									

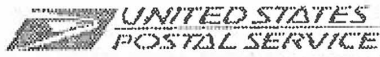


# Request for or Notification of Absence

Employee's Name (Last, first, M.I.)		Employee ID	Date Submitted	No. of Hours Requested		Scheduled	Un-Scheduled	PP	Year
04703221		06/11/2022	8.00	13	2022				
N/S Day			Pay Loc. #			D/A Code	From Date	Hour	Day
00?			434	06/11/2022	06.00				
Time of Call or Request	Scheduled Reporting Time	Employee Can Be Reached At (If needed)		Thru Date	Hour				
08:00	06:00	<input type="checkbox"/> No Call		06/11/2022	14.30			SAT 01	
Type of Absence	Documentation (For official use only)		Revised Schedule for (Date)		Approved in Advance				
<input type="checkbox"/> Annual	<input type="checkbox"/> FMLA Requested (Certification review - HRSSC)		Begin Work		<input type="checkbox"/> Yes <input type="checkbox"/> No				SUN 02
<input type="checkbox"/> Holiday/AL Lv Exch	<input type="checkbox"/> For COP Leave (CA1 on file)		Lunch Out						MON 03
<input type="checkbox"/> Carrier 701 Rule	<input type="checkbox"/> For Advanced Sick Leave (1221 on file)		Lunch In						TUE 04
<input type="checkbox"/> LWOP (See reverse)	<input type="checkbox"/> For Military Leave (Orders reviewed)		End Work						WED 05
<input checked="" type="checkbox"/> Sick (See reverse)	<input type="checkbox"/> For Court Leave (Summons reviewed)		Total Hours						THU 06
<input type="checkbox"/> Late	<input type="checkbox"/> For Higher Level (1723 on file)								FRI 07
<input type="checkbox"/> COP	<input type="checkbox"/> Scheme Training Testing Qualifying (Memo on file)								SAT 08
<input checked="" type="checkbox"/> Other: SL									SUN 09
Remarks (Do not enter medical information) Employee should review Privacy Information on the reverse of this form.									
NOT IOD; NOT FMLA; DOC REQ - - Deems Desirable									
I understand that the annual leave authorized in excess of amount available to me during the leave year will be changed 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 supervisor)									
<input type="checkbox"/> Approved		Do not check an FMLA box below 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					

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)

Employee: Reason I Was Incapacitated for Duty During This Absence		Leave Types and Codes (Information Only)	Time Card	FMLA DepCare	Time Clock	Scheduled	Un-Scheduled	PP	Year	
<input type="checkbox"/> Sickness	<input type="checkbox"/> Pregnancy, Prenatal Care or Childbirth									Annual
<input type="checkbox"/> On-the-Job Injury	<input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Job related)	Annual - FMLA	58	01	05599			Day	Init	Hours
<input type="checkbox"/> Off-the-Job Injury	<input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Not job related)	Sick	56		05600			SAT 01		
<input type="checkbox"/> Exposed to a Contagious Disease		Sick - FMLA	56	02	05699			SUN 02		
Reason I was/will be Unavailable for Duty During this Absence:		Sick - Dependent Care	56	08	05697			MON 03		
<input type="checkbox"/> Sick Leave for Dependent Care (See ELM)	<input type="checkbox"/> Placement of a Child with Employee for Adoption or Foster Care	Sick - Dependent Care FMLA	56	07	05698			TUE 04		
<input type="checkbox"/> Birth of Child / Bonding	<input type="checkbox"/> A Military Family Member's Qualifying Exigency	Absent Without Leave	24		02400			WED 05		
<input type="checkbox"/> To care for a Family Member (See ELM)	<input type="checkbox"/> To care for an injured or ill Military Family Member	Act of Nature	78		07800			THU 06		
LWOP - Union Official (Required Certification)		Blood Donor	69		06900			FRI 07		
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.		Civil Defense	77		07700			SAT 08		
I am requesting FMLA protection for this absence:		Civil Disorder	81		08100			SUN 09		
<input type="checkbox"/> This request is associated with a new condition. (You will receive an FMLA packet in the mail with forms and instructions.)		COP - USPS	71		07100			MON 10		
<input type="checkbox"/> My approved or pending approval Case # for this condition is:		COP - USPS - FMLA	71	03	07199			TUE 11		
Employee must not be asked to disclose personal medical information to local management. FMLA Certification must be mailed to HRSSC.		Court Duty	61		06100			WED 12		
Additional Documentation is required as follows:		Donated	45		04500			THU 13		
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 MSPB or Office of Special Counsel. For more information regarding our privacy visit <a href="http://www.usps.com/privacypolicy">www.usps.com/privacypolicy</a> .		Donated - FMLA	46		04600			FRI 14		
		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	06099					
		LWOP - IOD/OWCP	49		04999					
		LWOP - IOD/OWCP - FMLA	49	04	04999					
		LWOP - 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		05901 or 06003					
		LWOP - Proffered	59 or 60		05902 or 06002					
		LWOP - Suspension	59 or 60		05906 or 06006					
		LWOP - Suspension Pend. Tctm.	59 or 60		05908 or 06008					
		LWOP - Union Official	84		08400					
		Military	67		06700					
		Relocation	80		08000					
		Voting Leave	85		08500					
		Other Paid	86		08600					



# Request for or Notification of Absence

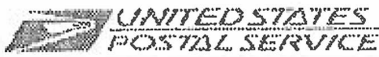
Employee ID: 04703221		Date Submitted: 06/12/2022	No. of Hours Requested: 8.00	Schedul Un- Scheduled	PP 13	Year 2022
Installation (show city, state and ZIP code)		N/S Day	Pay Loc. # 002 / D/A Code 434			
Time of Call or Request: 17:18	Scheduled Reporting Time: 06:00	Employee Can Be Reached At (If needed): <input type="checkbox"/> No Call		From Date: 06/13/2022	Hour: 08:00	
Type of Absence: <input type="checkbox"/> Annual <input type="checkbox"/> Holiday/AL Lv Exch <input type="checkbox"/> Carrier 701 Rule <input type="checkbox"/> LWOP (See reverse) <input checked="" type="checkbox"/> Sick (See reverse) <input type="checkbox"/> Late <input type="checkbox"/> COP? <input checked="" type="checkbox"/> Other: SL	Documentation (For official use only): <input type="checkbox"/> FMLA Requested (Certification review - HRSSC) <input type="checkbox"/> For COP Leave (CA1 on file) <input type="checkbox"/> For Advanced Sick Leave (1221 on file) <input type="checkbox"/> For Military Leave (Orders reviewed) <input type="checkbox"/> For Court Leave (Summons reviewed) <input type="checkbox"/> For Higher Level (1723 on file) <input type="checkbox"/> Scheme Training Testing Qualifying (Neme on file)		Revised Schedule for (Date):	Approved in Advance: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Remarks (Do not enter medical information) Employee should review Privacy Information on the reverse of this form. NOT IOD; NOT FMLA; DOC REQ - Deems Desirable		Begin Work	Lunch Out	Lunch In	End Work
I understand that the annual leave authorized in excess of amount available to me during the leave year will be changed 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 action to employee)						
<input type="checkbox"/> Approved		Do not check an FMLA box below 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		

PS Form 3971, October 2017 (Page 1 of 2) PSN 7530-02-000-9136

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)

Employee: 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	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 Child / Bonding <input type="checkbox"/> To care for a Family Member (See ELM)	Leave Types and Codes (Information Only)	Time Card	FMLA DepCare	Time Clock	Schedul Un- Scheduled	PP	Year
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	55		05500			
I am requesting 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 checked="" type="checkbox"/> My approved or pending approval Case # for this condition is:		Annual - FMLA	55	01	05599			
Employee must not be asked to disclose personal medical information to local management. FMLA Certification must be mailed to HRSSC.		Sick	56		05600			
Additional Documentation is required as follows:		Sick - FMLA	56	02	05699			
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 MSPB or Office of Special Counsel. For more information regarding our privacy visit <a href="http://www.usps.com/privacypolicy">www.usps.com/privacypolicy</a> .		Sick - Dependent Care	56	08	05697			
		Sick - Dependent Care FMLA	56	07	05698			
		Absent Without Leave	74		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	06099			
		LWOP - IOD/OWCP	49		04999			
		LWOP - IOD/OWCP - FMLA	49	04	04999			
		LWOP - Lieu of Sick Leave	59 or 60		05901 or 06001			
		LWOP - Maternity	59 or 60		05905 or 06005			
		LWOP - Military	41		04100			
		LWOP - Personal Reasons	59 or 60		05903 or 06003			
		LWOP - Proffered	59 or 60		05992 or 06002			
		LWOP - Suspension	59 or 60		05906 or 06006			
		LWOP - Suspension Pend. Tem.	59 or 60		05908 or 06008			
		LWOP - Union Official	84		08400			
		Military	67		06700			
		Relocation	80		08000			
		Voting Leave	85		08500			
		Other Paid	86		08600			





# Request for or Notification of Absence

Employee's Name (Last, First, MI.)		Employee ID	Date Submitted	No. of Hours Requested		Scheduled	Un-Scheduled	PP	Year	
Installation (If different, show city, state and ZIP code)		04703221	6/13/2022	8.00						13
N/S Day		Pay Loc. #	D/A Code	From Date	Hour			Day	Init.	Hours
15:38		002	434	06/14/2022	08:00			SAT 01		
Scheduled Reporting Time		Employee Can Be Reached At (If needed)		Thru Date	Hour			SUN 02		
06:00		<input type="checkbox"/> No Call		06/14/2022	14:30			MON 03		
Type of Absence	Documentation (For official use only)		Revised Schedule for (Date)		Approved in Advance					
<input type="checkbox"/> Annual	<input type="checkbox"/> FMLA Requested (Certification review - HRSSC)				<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Holiday/AL Lv Exch	<input type="checkbox"/> For COP Leave (CA1 on file)		Begin Work							
<input type="checkbox"/> Carrier 701 Rule	<input type="checkbox"/> For Advanced Sick Leave (1221 on file)		Lunch Out		Lunch In					
<input type="checkbox"/> LWOP (See reverse)	<input type="checkbox"/> For Military Leave (Orders reviewed)		End Work							
<input checked="" type="checkbox"/> Sick (See reverse)	<input type="checkbox"/> For Court Leave (Summons reviewed)		Total Hours							
<input type="checkbox"/> Late	<input type="checkbox"/> For Higher Level (1723 on file)									
<input type="checkbox"/> COP	<input type="checkbox"/> Scheme Training Testing Qualifying (Memo on file)									
<input checked="" type="checkbox"/> Other: SL										
Remarks (Do not enter medical information) Employee should review Privacy Information on the reverse of this form. NOT IOD; NOT FMLA; DOC REQ - Deems Desirable -										
I understand that the annual leave authorized in excess of amount available to me during the leave year will be changed 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 below 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				

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)

Employee: Reason I Was Incapacitated for Duty During This Absence		Leave Types and Codes (Information Only)	Time Card	FMLA Dep Care	Time Clock	Scheduled	Un-Scheduled	PP	Year	
<input type="checkbox"/> Sickness	<input type="checkbox"/> Pregnancy, Prenatal Care or Childbirth									Annual
<input type="checkbox"/> On-the-Job Injury	<input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Job related)	Annual - FMLA	55	01	05599			Day	Init.	Hours
<input type="checkbox"/> Off-the-Job Injury	<input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Not job related)	Sick	56		05600			SAT 01		
<input type="checkbox"/> Exposed to a Contagious Disease		Sick - FMLA	56	02	05699			SUN 02		
Reason I was/will be Unavailable for Duty During this Absence:		Sick - Dependent Care	56	08	05697					
<input type="checkbox"/> Sick Leave for Dependent Care (See ELM)	<input type="checkbox"/> Placement of a Child with Employee for Adoption or Foster Care	Sick - Dependent Care FMLA	56	07	05698					
<input type="checkbox"/> Birth of Child / Bonding	<input type="checkbox"/> A Military Family Member's Qualifying Exigency	Absent Without Leave	24		02400			MON 03		
<input type="checkbox"/> To care for a Family Member (See ELM)	<input type="checkbox"/> To care for an injured or ill Military Family Member	Act of Nature	78		07800			TUE 04		
LWOP - Union Official (Required Certification)		Blood Donor	69		06900					
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.		Civil Defense	77		07700			WED 05		
I am requesting FMLA protection for this absence:		Civil Disorder	81		08100					
<input type="checkbox"/> This request is associated with a new condition. (You will receive an FMLA packet in the mail with forms and instructions.)		COP - USPS	71		07100			THU 06		
<input type="checkbox"/> My approved or pending approval Case # for this condition is:		COP - USPS - FMLA	71	03	07199			FRI 07		
Employee must not be asked to disclose personal medical information to local management. FMLA Certification must be mailed to HRSSC.		Court Duty	61		06100					
Additional Documentation is required as follows:		Donated	45		04500			SAT 08		
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 MSPB or Office of Special Counsel. For more information regarding our privacy visit <a href="http://www.usps.com/privacypolicy">www.usps.com/privacypolicy</a> .		Donated - FMLA	46		04600			SUN 09		
		HQ Authorized Administrative	79		07900			MON 10		
		Holiday - AL Leave Exchange	28		02800			TUE 11		
		LWOP - Part Day	59		05900			WED 12		
		LWOP - Part Day - FMLA	59	05	05999			THU 13		
		LWOP - Full Day	60		06000			FRI 14		
		LWOP - Full Day - FMLA	60	06	06099					
		LWOP - IOD/OWCP	49		04999					
		LWOP - IOD/OWCP - FMLA	49	04	04999					
		LWOP - 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. Tem.	59 or 60		05908 or 06008					
		LWOP - Union Official	84		08400					
		Military	67		06700					
		Relocation	80		08000					
		Voting Leave	85		08500					
		Other Paid	86		08600					



# Request for or Notification of Absence

Employee's Name (Last, First, MI) Employee ID 04703221		Date Submitted 06/15/2022	No. of Hours Requested 8.00	Scheduled Un- Scheduled	PP 13	Year 2022
Installation (For PDA leave show city, state and ZIP code)		N/S Day	Pay Loc. # 092			
Time of Call or Request 04:25	Scheduled Reporting Time 06:00	Employee Can Be Reached At (If needed) <input type="checkbox"/> No Call		Thru Date 06/17/2022	Hour 14:30	
Type of Absence <input type="checkbox"/> Annual <input type="checkbox"/> Holiday/AL Lv Exch <input type="checkbox"/> Carrier 701 Rule <input type="checkbox"/> LWOP (See reverse) <input checked="" type="checkbox"/> Sick (See reverse) <input type="checkbox"/> Late <input type="checkbox"/> COP <input checked="" type="checkbox"/> Other: <u>FSL</u>	Documentation (For official use only) <input type="checkbox"/> FMLA Requested (Certification review - HR-SSC) <input type="checkbox"/> For COP Leave (CAI on file) <input type="checkbox"/> For Advanced Sick Leave (1221 on file) <input type="checkbox"/> For Military Leave (Orders reviewed) <input type="checkbox"/> For Court Leave (Summons reviewed) <input type="checkbox"/> For Higher Level (1723 on file) <input type="checkbox"/> Scheme Training Testing Qualifying (Memo on file)	Revised Schedule for (Date) Begin Work Lunch Out End Work Total Hours		Approved in Advance <input type="checkbox"/> Yes <input type="checkbox"/> No		
Remarks (Do not enter medical information) Employee should review Privacy Information on the reverse of this form. NOTIOD; FMLA LEAVE; DOC REQ - Greater than 3 days - Illness or injury; Illness; Self						SAT 01
I understand that the annual leave authorized in excess of amount available to me during the leave year will be changed to LWOP.						SUN 02
Employee's Signature and Date		Signature of Person Recording Absence and Date		Signature of Supervisor and Date Notified		MON 03
Official Action on Application (Return copy of signed request to employee)						TUE 04
<input type="checkbox"/> Approved		Do not check an FMLA box below until you verify the FMLA DESIGNATION.		Signature of Supervisor and Date		WED 05
<input type="checkbox"/> Disapproved (Give Reason below)		<input type="checkbox"/> FMLA Designation is PENDING				THU 06
		<input type="checkbox"/> FMLA Protected <input type="checkbox"/> Not FMLA Protected		<input type="checkbox"/> Continued on Reverse		FRI 07
						SAT 08
						SUN 09
						MON 10
						TUE 11
						WED 12
						THU 13 4.00
						FRI 14 4.00

PS Form 3971, October 2017 (Page 1 of 2) PSN 7530-02-000-9136

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<p>Employee: Reason I Was Incapacitated for Duty During This Absence</p> <p><input type="checkbox"/> Sickness <input type="checkbox"/> Pregnancy, Prenatal Care or Childbirth</p> <p><input type="checkbox"/> On-the-Job Injury <input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Job related)</p> <p><input type="checkbox"/> Off-the-Job Injury <input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Not job related)</p> <p><input type="checkbox"/> Exposed to a Contagious Disease</p> <p>Reason I was/will be Unavailable for Duty During this Absence:</p> <p><input type="checkbox"/> Sick Leave for Dependent Care (Sec ELM) <input type="checkbox"/> Placement of a Child with Employee for Adoption or Foster Care</p> <p><input type="checkbox"/> Birth of Child / Bonding <input type="checkbox"/> A Military Family Member's Qualifying Exigency</p> <p><input type="checkbox"/> To care for a Family Member (Sec ELM) <input type="checkbox"/> To care for an injured or ill Military Family Member</p> <p>LWOP - Union Official (Required Certification)</p> <p>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.</p> <p>I am requesting FMLA protection for this absence:</p> <p><input type="checkbox"/> This request is associated with a new condition. (You will receive an FMLA packet in the mail with forms and instructions.)</p> <p><input checked="" type="checkbox"/> My approved or pending approval Case # for this condition is: 111080997013</p> <p>Employee must not be asked to disclose personal medical information to local management. FMLA Certification must be mailed to HRSSC.</p> <p>Additional Documentation is required as follows:</p> <p>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 2501 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 personal matters; to the EEOC; and to MSPB or Office of Special Counsel. For more information regarding our privacy visit <a href="http://www.usps.com/privacypolicy">www.usps.com/privacypolicy</a>.</p>	<p>Leave Types and Codes (Information Only)</p> <p>Annual 55</p> <p>Annual - FMLA 55 01 05599</p> <p>Sick 56 05600</p> <p>Sick - FMLA 56 02 05699</p> <p>Sick - Dependent Care 56 08 05697</p> <p>Sick - Dependent Care FMLA 56 07 05698</p> <p>Absent Without Leave 24 02400</p> <p>Act of Nature 78 07800</p> <p>Blood Donor 69 06906</p> <p>Civil Defense 77 07700</p> <p>Civil Disorder 81 08100</p> <p>COP - USPS 71 07106</p> <p>COP - USPS - FMLA 71 03 07199</p> <p>Court Duty 61 06100</p> <p>Donated 45 04500</p> <p>Donated - FMLA 46 04600</p> <p>HQ Authorized Administrative 79 07900</p> <p>Holiday - AL Leave Exchange 28 02800</p> <p>LWOP - Part Day 59 05900</p> <p>LWOP - Part Day - FMLA 59 05 05999</p> <p>LWOP - Full Day 60 06000</p> <p>LWOP - Full Day - FMLA 60 06 06099</p> <p>LWOP - IOD/OWCP 49 04999</p> <p>LWOP - IOD/OWCP - FMLA 49 04 04999</p> <p>LWOP - Lieu of Sick Leave 59 or 60 05901 or 06001</p> <p>LWOP - Maternity 59 or 60 05905 or 06005</p> <p>LWOP - Military 44 04400</p> <p>LWOP - Personal Reasons 59 or 60 05903 or 06003</p> <p>LWOP - Proffered 59 or 60 05902 or 06002</p> <p>LWOP - Suspension 59 or 60 05906 or 06006</p> <p>LWOP - Suspension Pend. Term 59 or 60 05908 or 06008</p> <p>LWOP - Union Official 84 08400</p> <p>Military 67 06700</p> <p>Relocation 80 08000</p> <p>Voting Leave 85 08500</p> <p>Other Paid 86 08600</p>	<p>Time Card</p>	<p>FMLA DepCare</p>	<p>Time Clock</p>	Scheduled Un- Scheduled	PP	Year	
Day	Init.	Hours						
							SAT 01	
							SUN 02	
							MON 03	
							TUE 04	
							WED 05	
							THU 06	
							FRI 07	
							SAT 08	
							SUN 09	
							MON 10	
							TUE 11	
							WED 12	
							THU 13	4.00
							FRI 14	4.00



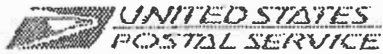
# Request for or Notification of Absence

Employee's Name (Last, first MI) Employee ID 04703221		Date Submitted 06/16/2022	No. of Hours Requested 8.00	Scheduled Un-Scheduled	PP 13	Year 2022
Installation / Employee Location (City, state and ZIP code)		N/S Day	Pay Loc. # 002			
Time of Call or Request 08:56	Scheduled Reporting Time 06:00	Employee Can Be Reached At (If needed) <input type="checkbox"/> No Call		Thru Date 06/18/2022	Hour 14:30	
Type of Absence <input type="checkbox"/> Annual <input type="checkbox"/> Holiday/AL Lv Exch <input type="checkbox"/> Carrier 701 Rule <input type="checkbox"/> LWOP (See reverse) <input checked="" type="checkbox"/> Sick (See reverse) <input type="checkbox"/> Late <input type="checkbox"/> COP <input checked="" type="checkbox"/> Other: <u>SL</u>	Documentation (For official use only) <input type="checkbox"/> FMLA Requested (Certification review - HRSSC) <input type="checkbox"/> For COP Leave (CA1 on file) <input type="checkbox"/> For Advanced Sick Leave (1221 on file) <input type="checkbox"/> For Military Leave (Orders reviewed) <input type="checkbox"/> For Court Leave (Summons reviewed) <input type="checkbox"/> For Higher Level (1723 on file) <input type="checkbox"/> Scheme Training Testing Qualifying (Memo on file)		Revised Schedule for (Date)	Approved in Advance <input type="checkbox"/> Yes <input type="checkbox"/> No		
Remarks (Do not enter medical information) Employee should review Privacy Information on the reverse of this form. NOT IOD, NOT FMLA; DOC REQ - Deems Desirable - Future						
I understand that the annual leave authorized in excess of amount available to me during the leave year will be changed 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 employer)						
<input type="checkbox"/> Approved		Do not check an FMLA box below until you verify the FMLA DESIGNATION.		Signature of Supervisor and Date		
<input checked="" type="checkbox"/> Disapproved (Give Reason below) not enough sick leave		<input type="checkbox"/> FMLA Designation is PENDING <input type="checkbox"/> FMLA Protected <input type="checkbox"/> Not FMLA Protected		<input checked="" type="checkbox"/> Continued on Reverse		

PS Form 3971, October 2017 (Page 1 of 2) PSN 7530-02-000-9136

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Employee: 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		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 Child / Bonding <input type="checkbox"/> To care for a Family Member (See ELM)		Leave Types and Codes (Information Only)		Time Card	FMLA Dep Care	Time Clock	Scheduled Un-Scheduled	PP 14	Year 2022
<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)		<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 Annual - FMLA Sick Sick - FMLA Sick - Dependent Care Sick - Dependent Care FMLA Absent Without Leave Act of Nature Blood Donor Civil Defense Civil Disorder COP - USPS COP - USPS - FMLA Court Duty Donated Donated - FMLA HQ Authorized Administrative Holiday - Al. Leave Exchange LWOP - Part Day LWOP - Part Day - FMLA LWOP - Full Day LWOP - Full Day - FMLA LWOP - IOD/OWCP LWOP - IOD/OWCP - FMLA LWOP - Lieu of Sick Leave LWOP - Maternity LWOP - Military LWOP - Personal Reasons LWOP - Proffered LWOP - Suspension LWOP - Suspension Pend. Term LWOP - Union Official Military Relocation Voting Leave Other Paid		55 55 56 56 56 56 74 78 69 77 81 71 71 61 45 46 79 28 39 59 60 60 49 49 59 or 60 59 or 60 44 59 or 60 59 or 60 59 or 60 59 or 60 84 67 80 85 86	01 02 08 07 03 04 04 05 06 04	05500 05599 05600 05699 05697 05698 02400 07800 06900 07100 08100 07100 07199 06100 04500 04600 07900 02800 05900 05999 06000 06099 04999 04999 05901 or 06001 05905 or 06005 04100 05903 or 06003 05902 or 06002 05906 or 06006 05908 or 06008 08400 06700 08000 08100 08600			
LWOP - Union Official (Required Certification) 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.				I am requesting 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 # 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 is 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; to the EEOC; and to MSPB or Office of Special Counsel. For more information regarding our privacy visit <a href="http://www.usps.com/privacypolicy">www.usps.com/privacypolicy</a> .											



# Request for or Notification of Absence

Employee's Name (Last, First, M.I.)		Employee ID	Date Submitted	No. of Hours Requested		Scheduled	Un-Scheduled	PP	Year
Installation (City, State and ZIP code)		N/S Day	Pay Loc. #	D/A Code	From Date				
Time of Call or Request		Scheduled Reporting Time		Employee Can Be Reached At (If needed)		Thru Date		Hour	
02:42		06:00		☐ No Call		06/19/2022		14:30	
Type of Absence	Documentation (For official use only)		Revised Schedule for (Date)		Approved in Advance				
<input type="checkbox"/> Annual <input type="checkbox"/> Holiday/AL Lv Exch <input type="checkbox"/> Carrier 701 Rule <input type="checkbox"/> LWOP (See reverse) <input checked="" type="checkbox"/> Sick (See reverse) <input type="checkbox"/> Late <input type="checkbox"/> COP <input checked="" type="checkbox"/> Other: <u>SL</u>	<input type="checkbox"/> FMLA Requested (Certification review - HRSSC) <input type="checkbox"/> For COP Leave (CA1 on file) <input type="checkbox"/> For Advanced Sick Leave (1221 on file) <input type="checkbox"/> For Military Leave (Orders reviewed) <input type="checkbox"/> For Court Leave (Summons reviewed) <input type="checkbox"/> For Higher Level (1723 on file) <input type="checkbox"/> Scheme Training Testing Qualifying (Memo on file)		Begin Work Lunch Out End Work Total Hours		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Remarks (Do not enter medical information) Employee should review Privacy Information on the reverse of this form. NO: FIOD; NOT FMLA; DOC REQ - Deems Desirable - Illness or Injury; Illness; Self									
I understand that the annual leave authorized in excess of amount available to me during the leave year will be changed 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 <input checked="" type="checkbox"/> Disapproved (Give Reason Below)		Do not check an FMLA box below 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					
doesn't have enough sick leave				<input type="checkbox"/> Continued on Reverse					

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)

Employee: 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) Annual: 55 Annual - FMLA: 55 Sick: 56 Sick - FMLA: 56 Sick - Dependent Care: 56 Sick - Dependent Care FMLA: 56 Absent Without Leave: 24 Act of Nature: 78 Blood Donor: 69 Civil Defense: 77 Civil Disorder: 81 COP - USPS: 71 COP - USPS - FMLA: 71 Court Duty: 61 Donated: 45 Donated - FMLA: 46 HQ Authorized Administrative: 79 Holiday - AL Leave Exchange: 28 LWOP - Part Day: 59 LWOP - Part Day - FMLA: 59 LWOP - Full Day: 60 LWOP - Full Day - FMLA: 60 LWOP - IOD/OWCP: 49 LWOP - IOD/OWCP - FMLA: 49 LWOP - Lieu of Sick Leave: 59 or 60 LWOP - Maternity: 59 or 60 LWOP - Military: 44 LWOP - Personal Reasons: 59 or 60 LWOP - Proffered: 59 or 60 LWOP - Suspension: 59 or 60 LWOP - Suspension Pend. Term: 59 or 60 LWOP - Union Official: 84 Military: 67 Relocation: 80 Voting Leave: 85 Other Paid: 86		Time Card 55 55 56 56 56 56 24 78 69 77 81 71 71 61 45 46 79 28 59 59 60 60 49 49 59 or 60 59 or 60 44 59 or 60 59 or 60 59 or 60 59 or 60 59 or 60 84 67 80 85 86	FMLA Dep Care 01 02 04 07 03 05 06 04	Time Clock 05590 05599 05600 05699 05697 05698 02400 07800 06900 07700 08100 07100 07199 06100 04500 04600 07900 02800 05900 05999 06000 06099 04999 04999 05901 or 06001 05905 or 06005 04400 05903 or 06003 05902 or 06002 05906 or 06006 05908 or 06008 08400 06700 08000 08500 08600	Scheduled Un-Scheduled	PP Day Init Hours	Year		
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 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) 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.		I am requesting 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 # for this condition is:		Employer must not be asked to disclose personal medical information to local management. FMLA Certification must be mailed to HRSSC.				Additional Documentation is required as follows:	





# Request for or Notification of Absence

Employee's Name (Last, first, M.I.)		Employee ID	Date Submitted	No. of Hours Requested		Scheduled	Un-Scheduled	PP	Year	
How city, state and ZIP code)		N/S Day	Pay Loc. #	D/A Code	From Date					Hour
Time of Call or Request	Scheduled Reporting Time	Employee Can Be Reached At (If needed)		Thru Date	Hour	Scheduled	Un-Scheduled	Day	Init.	Hours
16:15	06:00	<input type="checkbox"/> No Call		06/21/2022	14:30			SAT 01		
Type of Absence	Documentation (For official use only)		Revised Schedule for (Date)		Approved in Advance		Scheduled	Un-Scheduled	MON 03	4.00
<input type="checkbox"/> Annual <input type="checkbox"/> Holiday/AL Lv Exch <input type="checkbox"/> Carrier 701 Rule <input type="checkbox"/> LWOP (See reverse) <input checked="" type="checkbox"/> Sick (See reverse) <input type="checkbox"/> Late <input type="checkbox"/> COP <input checked="" type="checkbox"/> Other: SL	<input type="checkbox"/> FMLA Requested (Certification review - HRSSC) <input type="checkbox"/> For COP Leave (CA1 on file) <input type="checkbox"/> For Advanced Sick Leave (1221 on file) <input type="checkbox"/> For Military Leave (Orders reviewed) <input type="checkbox"/> For Court Leave (Summons reviewed) <input type="checkbox"/> For Higher Level (1723 on file) <input type="checkbox"/> Scheme Training Testing Qualifying (Memo on file)		Begin Work Lunch Out End Work Total Hours		<input type="checkbox"/> Yes <input type="checkbox"/> No				SUN 02	
Remarks (Do not enter medical information) Employee should review Privacy Information on the reverse of this form. NOT IOD; NOT FMLA; DOC REQ - Deems Desirable - Future										
I understand that the annual leave authorized in excess of 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 below until you verify the FMLA DESIGNATION.			Signature of Supervisor and Date				
<input checked="" type="checkbox"/> Disapproved (Give Reason below)			<input type="checkbox"/> FMLA Designation is PENDING							
not enough sick leave			<input type="checkbox"/> FMLA Protected <input type="checkbox"/> Not FMLA Protected			<input type="checkbox"/> Continued on Reverse				

PS Form 3971, October 2017 (Page 1 of 2) PSN 7530-02-000-9136

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)

Employee: Reason I Was Incapacitated for Duty During This Absence		Leave Types and Codes (Information Only)	Time Card	FMLA Dep Care	Time Clock	Scheduled	Un-Scheduled	PP	Year
<input type="checkbox"/> Sickness	<input type="checkbox"/> Pregnancy, Prenatal Care or Childbirth								
<input type="checkbox"/> On-the-Job Injury	<input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Job related)	Annual - FMLA	55	01	05599	SAT 01			
<input type="checkbox"/> Off-the-Job Injury	<input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Not job related)	Sick	56	02	05600	SUN 02			
<input type="checkbox"/> Exposed to a Contagious Disease		Sick - FMLA	56	08	05699	MON 03			
Reason I was/will be Unavailable for Duty During this Absence:		Sick - Dependent Care	56	07	05698	TUE 04			
<input type="checkbox"/> Sick Leave for Dependent Care (See ELM)	<input type="checkbox"/> Placement of a Child with Employee for Adoption or Foster Care	Absent Without Leave	74		02400	WED 05			
<input type="checkbox"/> Birth of Child / Bonding	<input type="checkbox"/> A Military Family Member's Qualifying Exigency	Act of Nature	78		07800	THU 06			
<input type="checkbox"/> To care for a Family Member (See ELM)	<input type="checkbox"/> To care for an injured or ill Military Family Member	Blood Donor	69		06900	FRI 07			
LWOP - Union Official (Required Certification)		Civil Defense	77		07700	SAT 08			
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.		Civil Disorder	81		08100	MON 10			
I am requesting FMLA protection for this absence:		COP - USFS	71		07100	TUE 11			
<input type="checkbox"/> This request is associated with a new condition. (You will receive an FMLA packet in the mail with forms and instructions.)		COP - USPS - FMLA	71	03	07199	WED 12			
<input type="checkbox"/> My approved or pending approval Case # for this condition is:		Court Duty	61		06100	THU 13			
Employee must not be asked to disclose personal medical information to local management. FMLA Certification must be mailed to HRSSC.		Donated	45		04500	FRI 14			
Additional Documentation is required as follows:		Donated - FMLA	46		04600				
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:		HQ Authorized Administrative	79		07900				
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 MSPB or Office of Special Counsel. For more information regarding our privacy visit <a href="http://www.usps.com/privacypolicy">www.usps.com/privacypolicy</a> .		Holiday - Ai. 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	06099				
		LWOP - IOD/OWCP	49		04999				
		LWOP - IOD/OWCP - FMLA	49	04	04999				
		LWOP - 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 - Professed	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		08000				
		Voting Leave	85		08500				
		Other Paid	86		08600				



# Request for or Notification of Absence

Employee's Name (Last, first, M.I.)		Employee ID	Date Submitted	No. of Hours Requested		Scheduled	Un-Scheduled	PP	Year	
		04703221	06/20/2022	16.00						
Installation (Use PAI form - show city, state and ZIP code)			N/S Day	Pay Loc. #	D/A Code	From Date	Hour	Day	Init.	Hours
				002	434	06/21/2022	08:00	SAT 01		
Time of Call or Request	Scheduled Reporting Time	Employee Can Be Reached At (If needed)			Thru Date	Hour		SUN 02		
04:13	06:00	<input type="checkbox"/> No Call			06/23/2022	14:30		MON 03		
Type of Absence	Documentation (For official use only)		Revised Schedule for (Date)		Approved in Advance			TUE 04		5.33
<input type="checkbox"/> Annual	<input type="checkbox"/> FMLA Requested (Certification review - HRSSC)		Begin Work		<input type="checkbox"/> Yes <input type="checkbox"/> No			WED 05		5.33
<input type="checkbox"/> Holiday/AL Lv Exch	<input type="checkbox"/> For COP Leave (CAI or file)		Lunch Out					THU 06		5.33
<input type="checkbox"/> Carrier 701 Rule	<input type="checkbox"/> For Advanced Sick Leave (1221 on file)		Lunch In					FRI 07		
<input type="checkbox"/> LWOP (See reverse)	<input type="checkbox"/> For Military Leave (Orders reviewed)		End Work					SAT 08		
<input checked="" type="checkbox"/> Sick (See reverse)	<input type="checkbox"/> For Court Leave (Summons reviewed)		Total Hours					SUN 09		
<input type="checkbox"/> Late	<input type="checkbox"/> For Higher Level (1723 on file)							MON 10		
<input type="checkbox"/> COP	<input type="checkbox"/> Scheme Training Testing Qualifying (Memo on file)							TUE 11		
<input checked="" type="checkbox"/> Other: SL								WED 12		
Remarks (Do not enter medical information) Employee should review Privacy Information on the reverse of this form.										
NOTIOD; NOT FMLA; DOCREQ - Deems Desirable - Future										
I understand that the annual leave authorized in excess of amount available to me during the leave year will be changed 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 supervisor)										
<input type="checkbox"/> Approved			Do not check an FMLA box below until you verify the FMLA DESIGNATION:			Signature of Supervisor and Date				
<input checked="" type="checkbox"/> Disapproved (Give Reason below)			<input type="checkbox"/> FMLA Designation is PENDING							
not enough sick leave			<input type="checkbox"/> FMLA Protected <input type="checkbox"/> Not FMLA Protected <input type="checkbox"/> Continued on Reverse							

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)

Employee: Reason I Was Incapacitated for Duty During This Absence		Leave Types and Codes (Information Only)	Time Card	FMLA Dep Care	Time Clock	Scheduled	Un-Scheduled	PP	Year	
<input type="checkbox"/> Sickness	<input type="checkbox"/> Pregnancy, Prenatal Care or Childbirth									Annual
<input type="checkbox"/> On-the-Job Injury	<input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Job related)	Annual - FMLA	55	01	05599			Day	Init.	Hours
<input type="checkbox"/> Off-the-Job Injury	<input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Not job related)	Sick	56	02	05600			SAT 01		
<input type="checkbox"/> Exposed to a Contagious Disease		Sick - FMLA	56	07	05699			SUN 02		
Reason I was/will be Unavailable for Duty During this Absence:		Sick - Dependent Care	56	08	05691			MON 03		
<input type="checkbox"/> Sick Leave for Dependent Care (See ELM)	<input type="checkbox"/> Placement of a Child with Employee for Adoption or Foster Care	Sick - Dependent Care FMLA	56	07	05692			TUE 04		
<input type="checkbox"/> Birth of Child / Bonding	<input type="checkbox"/> A Military Family Member's Qualifying Exigency	Absent Without Leave	24		02400			WED 05		
<input type="checkbox"/> To care for a Family Member (See ELM)	<input type="checkbox"/> To care for an injured or ill Military Family Member	Act of Nature	78		07800			THU 06		
LWOP - Union Official (Required Certification)		Blood Donor	69		06900			FRI 07		
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.		Civil Defense	77		07700			SAT 08		
I am requesting FMLA protection for this absence:		Civil Disorder	81		08100			SUN 09		
<input type="checkbox"/> This request is associated with a new condition. (You will receive an FMLA packet in the mail with forms and instructions.)		COP - USPS	71		07100			MON 10		
<input type="checkbox"/> My approved or pending approval Case # for this condition is:		COP - USPS - FMLA	71	03	07199			TUE 11		
Employee must not be asked to disclose personal medical information to local management. FMLA Certification must be mailed to HRSSC.		Court Duty	61		06100			WED 12		
Additional Documentation is required as follows:		Donated	45		04500			THU 13		
Privacy Act Statement: Your information will be used to administer leave. Collection is authorized by 39 USC 401, 404, 1061, 1003, and 1005; and 29 USC 2661 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 MSPB or Office of Special Counsel, for more information regarding our privacy visit <a href="http://www.usps.com/privacypolicy">www.usps.com/privacypolicy</a> .		Donated - FMLA	46		04600			FRI 14		
		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	06099					
		LWOP - IOD/OWCP	49		04999					
		LWOP - IOD/OWCP - FMLA	49	04	04999					
		LWOP - 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		08000					
		Voting Leave	85		08500					
		Other Paid	86		08600					

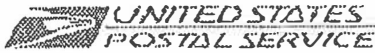


# Request for or Notification of Absence

Employee ID 04703221		Date Submitted 06/22/2022	No. of Hours Requested 16.00		Sched- uled Up - Sched- uled	PP 14	Year 2022			
Installation (For PAI laws, show city, state and ZIP code)		N/S Day	Pay Loc. # 602	D/A Code 434			From Date 06/24/2022	Hour 08:00	Day	Init.
Time of Call or Request 09:24	Scheduled Reporting Time 06:00	Employee Can Be Reached At (If needed) <input type="checkbox"/> No Call		Thru Date 06/26/2022	Hour 14:30		SAT 01			
Type of Absence <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Holiday/AL Lv Exch <input type="checkbox"/> Carrier 701 Rule <input type="checkbox"/> LWOP (See reverse) <input type="checkbox"/> Sick (See reverse) <input type="checkbox"/> Late <input type="checkbox"/> COP <input type="checkbox"/> Other: <u>SAL</u>	Documentation (For official use only) <input type="checkbox"/> FMLA Requested (Certification review - HRSSC) <input type="checkbox"/> For COP Leave (CA1 on file) <input type="checkbox"/> For Advanced Sick Leave (1221 on file) <input type="checkbox"/> For Military Leave (Orders reviewed) <input type="checkbox"/> For Court Leave (Summons reviewed) <input type="checkbox"/> For Higher Level (1723 on file) <input type="checkbox"/> Scheme Training Testing Qualifying (Memo on file)		Revised Schedule for (Date)		Approved in Advance <input type="checkbox"/> Yes <input type="checkbox"/> No			SUN 02		
Remarks (Do not enter medical information) Employee should review Privacy Information on the reverse of this form. NOT IOD; NOT FMLA; DOC REQ - Deems Desirable - Illness or Injury: Illness; Self		Begin Work		Lunch Out		Lunch In			TUE 04	
I understand that the annual leave authorized in excess of amount available to me during the leave year will be changed to LWOP.		End Work		Total Hours					WED 05	
Employee's Signature and Date		Signature of Person Recording Absence and Date		Signature of Supervisor and Date Notified					THU 06	8.00
Official Action on Application (Return copy of signed request to supervisor)		Do not check an FMLA box below until you verify the FMLA DESIGNATION:		Signature of Supervisor and Date					FRI 07	8.00
<input type="checkbox"/> Approved		<input type="checkbox"/> FMLA Designation is PENDING							SAT 08	8.00
<input type="checkbox"/> Disapproved (Give Reason below)		<input type="checkbox"/> FMLA Protected <input type="checkbox"/> Not FMLA Protected <input type="checkbox"/> Continued on Reverse							SUN 09	0.00
									MON 10	
									TUE 11	
									WED 12	
									THU 13	
									FRI 14	

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)

Employee: 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  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 Child / Bonding <input type="checkbox"/> To care for a Family Member (See ELM)  LWOP - Union Official (Required Certification) 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.  I am requesting 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 # 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 is 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; to the EEOC; and to MSPB or Office of Special Counsel. For more information regarding our privacy visit <a href="http://www.usps.com/privacypolicy">www.usps.com/privacypolicy</a> .	Leave Types and Codes (Information Only)	Time Card	FMLA DepCare	Time Clock	Sched- uled Up - Sched- uled	PP	Year		
							Day	Init.	Hours
<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)	Annual	55		05500					
	Annual - FMLA	55	01	05599					
	Sick	56		05600			SAT 01		
	Sick - FMLA	56	02	05699					
	Sick - Dependent Care	56	08	05697			SUN 02		
	Sick - Dependent Care FMLA	56	07	05698					
	Absent Without Leave	24		02400			MON 03		
	Act of Nature	78		07800					
	Blood Donor	69		06900			TUE 04		
	Civil Defense	77		07700					
	Civil Disorder	81		08100			WED 05		
	COP - USPS	71		07100			THU 06		
	COP - USPS - FMLA	71	03	07199					
	Court Duty	61		06100			FRI 07		
	Donated	45		04500					
	Donated - FMLA	46		04600			SAT 08		
	HQ Authorized Administrative	79		07900					
	Holiday - AL Leave Exchange	28		02800			SUN 09		
	LWOP - Part Day	59		05900			MON 10		
	LWOP - Part Day - FMLA	59	05	05999					
	LWOP - Full Day	60		06000			TUE 11		
	LWOP - Full Day - FMLA	60	06	06099					
	LWOP - IOD/OWCP	49		04999			WED 12		
	LWOP - IOD/OWCP - FMLA	49	04	04999					
	LWOP - Lieu of Sick Leave	59 or 60		05901 or 06001			THU 13		
	LWOP - Maternity	59 or 60		05905 or 06005					
	LWOP - Military	44		04400			FRI 14		
	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. Tern.	59 or 60		05908 or 06008					
	LWOP - Union Official	84		08400					
	Military	67		06700					
	Relocation	80		08000					
	Voting Leave	85		08500					
	Other Paid	86		08600					



# Request for or Notification of Absence

A(1)		Employee ID 04703221	Date Submitted 06/27/2022	No. of Hours Requested 8.00		Scheduled	Un-Scheduled	PP 14	Year 2022		
city, state and ZIP code			N/S Day	Pay Loc. # 002	D/A Code 434				From Date 06/27/2022	Hour 08:00	Day
Time of Call or Request 11:40	Scheduled Reporting Time 06:00	Employee Can Be Reached At (If needed) <input type="checkbox"/> No Call			Thru Date 06/28/2022	Hour 14:30			SAT 01		
Type of Absence <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Holiday/AL Lv Exch <input type="checkbox"/> Carrier 701 Rule <input type="checkbox"/> LWOP (See reverse) <input type="checkbox"/> Sick (See reverse) <input type="checkbox"/> Late <input type="checkbox"/> COP <input type="checkbox"/> Other: <u>SAL</u>	Documentation (For official use only) <input type="checkbox"/> FMLA Requested (Certification review - HRSSC) <input type="checkbox"/> For COP Leave (CAI on file) <input type="checkbox"/> For Advanced Sick Leave (1221 on file) <input type="checkbox"/> For Military Leave (Orders reviewed) <input type="checkbox"/> For Court Leave (Summons reviewed) <input type="checkbox"/> For Higher Level (1723 on file) <input type="checkbox"/> Scheme Training Testing Qualifying (Memo on file)		Revised Schedule for (Date)		Approved in Advance <input type="checkbox"/> Yes <input type="checkbox"/> No				SUN 02		
		Begin Work		Lunch Out	Lunch In				TUE 04		
		End Work		Total Hours					WED 05		
Remarks (Do not enter medical information) Employee should review Privacy Information on the reverse of this form. NOT IOD; NOT FMLA; DOC REQ - Deems Desirable - Illness or Injury; Illness; Self											
I understand that the annual leave authorized in excess of amount available to me during the leave year will be changed to LWOP.											
Employee's Signature and Date		Signature of Person Recording Absence and Date		Signature of Supervisor and Date Notified					MON 10		8.00
									TUE 11		0.00
Official Action on Application (Return copy of signed request to employee)											
<input type="checkbox"/> Approved		Do not check an FMLA box below until you verify the FMLA DESIGNATION.		Signature of Supervisor and Date					WED 12		
<input type="checkbox"/> Disapproved (Give Reason below)		<input type="checkbox"/> FMLA Designation is PENDING							THU 13		
		<input type="checkbox"/> FMLA Protected <input type="checkbox"/> Not FMLA Protected							FRI 14		
											<input type="checkbox"/> Continued on Reverse

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)

Employee: 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		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 DepCare	Time Clock	Scheduled	Un-Scheduled	PP	Year	
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 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	55			05500					
LWOP - Union Official (Required Certification) 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.		I am requesting 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 # for this condition is:		Annual - FMLA	55	01		05599			SAT 01		
Employee must not be asked to disclose personal medical information to local management. FMLA Certification must be mailed to HRSSC.		Additional Documentation is required as follows:		Sick	56			05600			SUN 02		
				Sick - FMLA	56	02		05699			MON 03		
				Sick - Dependent Care	56	08		05697			TUE 04		
				Sick - Dependent Care FMLA	56	07		05698			WED 05		
				Absent Without Leave	24			02400			THU 06		
				Act of Nature	78			07800			FRI 07		
				Blood Donor	69			06900			SAT 08		
				Civil Defense	77			07700			SUN 09		
				Civil Disorder	81			08100			MON 10		
				COP - USPS	71			07100			TUE 11		
				COP - USPS - FMLA	71	03		07199			WED 12		
				Court Duty	61			06100			THU 13		
				Donated	45			04500			FRI 14		
				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		06099					
				LWOP - IOD/OWCP	49			04999					
				LWOP - IOD/OWCP - FMLA	49	04		04999					
				LWOP - Lieu of Sick Leave	59 or 60			05901 or 06001					
				LWOP - Maternity	59 or 60			05906 or 06006					
				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. Tem.	59 or 60			05908 or 06008					
				LWOP - Union Official	84			08400					
				Military	67			06700					
				Relocation	80			08000					
				Voting Leave	85			08500					
				Other Paid	86			08600					
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 2501 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 MSPB or Office of Special Counsel. For more information regarding our privacy visit <a href="http://www.usps.com/privacypolicy">www.usps.com/privacypolicy</a> .													



### 511.3 Eligibility

#### 511.31 Covered

Covered by the leave program are:

- a. Full-time career employees.
- b. Part-time regular career employees.
- c. Part-time flexible career employees.
- d. To the extent provided in the USPS National Rural Letter Carriers' Association (NRLCA) National Agreement, temporary employees assigned to rural carrier duties.

**Note:** Transitional employees are not covered by the leave program, but do earn leave as specified in their union's national agreement.

References to A-E Postmasters also apply to Part-Time Postmasters.

#### 511.32 Not Covered

Not covered by the leave program are:

- a. Postmaster relief/leave replacements, noncareer officers in charge, and other temporary employees except as described in 511.31d.
- b. Casual employees.
- c. Individuals who work on a fee or contract basis, such as job cleaners.

### 511.4 Unscheduled Absence

#### 511.41 Definition

*Unscheduled absences* are any absences from work that are not requested and approved in advance.

#### 511.42 Management Responsibilities

To control unscheduled absences, postal officials:

- a. Inform employees of leave regulations.
- b. Discuss attendance records with individual employees when warranted.
- c. Maintain and review PS Form 3972, *Absence Analysis*, and PS Form 3971.

#### 511.43 Employee Responsibilities

Employees are expected to maintain their assigned schedule and must make every effort to avoid unscheduled absences. In addition, employees must provide acceptable evidence for absences when required.

## 512 Annual Leave

### 512.1 General

#### 512.11 Purpose

Annual leave is provided to employees for rest, for recreation, and for personal and emergency purposes.

possible deliveries of a route, the route will be classified as per the majority of the type delivery; e.g., curblin, park and loop, etc.)

## 114 City Delivery Area Map

- 114.1 Each unit must have a map of the ZIP Code area served. Show the boundaries of each route using street names or numbers and identify each route by number. If desired, use different colors to show each route.
- 114.2 The unit manager can study the line of travel to discover possible improvement.
- 114.3 Location of collection and relay boxes can be shown. This will serve to determine the adequacy of the boxes and as instruction or reference to new carriers.

## 115 Discipline

### 115.1 Basic Principle

In the administration of discipline, a basic principle must be that discipline should be corrective in nature, rather than punitive. No employee may be disciplined or discharged except for just cause. The delivery manager must make every effort to correct a situation before resorting to disciplinary measures.

### 115.2 Using People Effectively

Managers can accomplish their mission only through the effective use of people. How successful a manager is in working with people will, to a great measure, determine whether or not the goals of the Postal Service™ are attained. Getting the job done through people is not an easy task, and certain basic things are required, such as:

- a. Let the employee know what is expected of him or her.
- b. Know fully if the employee is not attaining expectations; don't guess — make certain with documented evidence.
- c. Let the employee explain his or her problem — listen! If given a chance, the employee will tell you the problem. Draw it out from the employee if needed, but get the whole story.

### 115.3 Obligation to Employees

When problems arise, managers must recognize that they have an obligation to their employees and to the Postal Service to look to themselves, as well as to the employee, to:

- a. Find out who, what, when, where, and why.
- b. Make absolutely sure you have all the facts.
- c. The manager has the responsibility to resolve as many problems as possible before they become grievances.
- d. If the employee's stand has merit, admit it and correct the situation. You are the manager; you must make decisions; don't pass this responsibility on to someone else.

## ARTICLE 16 DISCIPLINE PROCEDURE

### 16.1 Section 1. Principles

In the administration of this Article, a basic principle shall be that discipline should be corrective in nature, rather than punitive. No employee may be disciplined or discharged except for just cause such as, but not limited to, insubordination, pilferage, intoxication (drugs or alcohol), incompetence, failure to perform work as requested, violation of the terms of this Agreement, or failure to observe safety rules and regulations. Any such discipline or discharge shall be subject to the grievance-arbitration procedure provided for in this Agreement, which could result in reinstatement and restitution, including back pay.

#### Just Cause Principle

The principle that any discipline must be for “just cause” establishes a standard that must apply to any discipline or discharge of an employee. Simply put, the just cause provision requires a fair and provable justification for discipline.

Just cause is a term of art created by labor arbitrators. It has no precise definition. It contains no rigid rules that apply in the same way in each case of discipline or discharge. However, arbitrators frequently divide the question of just cause into six sub-questions and often apply the following criteria to determine whether the action was for just cause. These criteria are the basic considerations that the supervisor must use before initiating disciplinary action.

- **Is there a rule?** If so, was the employee aware of the rule? Was the employee forewarned of the disciplinary consequences for failure to follow the rule? It is not enough to say, “Well, everybody knows that rule,” or “We posted that rule ten years ago.” You may have to prove that the employee should have known of the rule. Certain standards of conduct are normally expected in the industrial environment and it is assumed by arbitrators that employees should be aware of these standards. For example, an employee charged with intoxication on duty, fighting on duty, pilferage, sabotage, insubordination, etc., may be generally assumed to have understood that these offenses are neither condoned nor acceptable, even though management may not have issued specific regulations to that effect.
- **Is the rule a reasonable rule?** Management must make sure rules are reasonable, based on the overall objective of safe and efficient work performance. Management’s rules should be reasonably related to business efficiency, safe operation of our business, and the performance we might expect of the employee.
- **Is the rule consistently and equitably enforced?** A rule must be applied fairly and without discrimination. Consistent and equitable

enforcement is a critical factor. Consistently overlooking employee infractions and then disciplining without warning is improper. If employees are consistently allowed to smoke in areas designated as No Smoking areas, it is not appropriate suddenly to start disciplining them for this violation. In such cases, management loses its right to discipline for that infraction, in effect, unless it first puts employees (and the unions) on notice of its intent to enforce that regulation again. Singling out employees for discipline is usually improper. If several similarly situated employees commit an offense, it would not be equitable to discipline only one.

- **Was a thorough investigation completed?** Before administering the discipline, management must make an investigation to determine whether the employee committed the offense. Management must ensure that its investigation is thorough and objective. This is the employee's day in court privilege. Employees have the right to know with reasonable detail what the charges are and to be given a reasonable opportunity to defend themselves before the discipline is initiated.
- **Was the severity of the discipline reasonably related to the infraction itself and in line with that usually administered, as well as to the seriousness of the employee's past record?** The following is an example of what arbitrators may consider an inequitable discipline: If an installation consistently issues five-day suspensions for a particular offense, it would be extremely difficult to justify why an employee with a past record similar to that of other disciplined employees was issued a 30-day suspension for the same offense. There is no precise definition of what establishes a good, fair, or bad record. Reasonable judgment must be used. An employee's record of previous offenses may never be used to establish guilt in a case you presently have under consideration, but it may be used to determine the appropriate disciplinary penalty.
- **Was the disciplinary action taken in a timely manner?** Disciplinary actions should be taken as promptly as possible after the offense has been committed.

### **Corrective Rather than Punitive**

The requirement that discipline be corrective rather than punitive is an essential element of the just cause principle. In short, it means that for most offenses management must issue discipline in a progressive fashion, issuing lesser discipline (e.g., a letter of warning) for a first offense and a pattern of increasingly severe discipline for succeeding offenses (e.g., short suspension, long suspension, discharge). The basis of this principle of corrective or progressive discipline is that it is issued for the purpose of correcting or improving employee behavior and not as punishment or retribution.

Just cause for the discipline of City Carrier Assistant (CCAs) is addressed in Appendix B, 3. Other Provisions, Section E – Article 16 of the 2019 National Agreement. This section is reprinted on page 16-12 of the JCAM.

**Unadjudicated Discipline.** The parties agree that arbitrators may not consider unadjudicated discipline cited in a disciplinary notice when determining the propriety of that disciplinary notice. When removal cases are scheduled for a hearing before the underlying discipline has been adjudicated, an arbitrator may grant a continuance of a hearing on the removal case pending resolution of the unadjudicated discipline (National Arbitrator Snow, E94N-4E-D 96075418, April 19, 1999, C-19372).

**Examples of Behavior.** Article 16.1 states several examples of misconduct which may constitute just cause for discipline. Some managers have mistakenly believed that because these behaviors are specifically listed in the contract, any discipline of employees for such behaviors is automatically for just cause. The parties agree these behaviors are intended as examples only. Management must still meet the requisite burden of proof, e.g. prove that the behavior took place, that it was intentional, that the degree of discipline imposed was corrective rather than punitive, and so forth. Principles of just cause apply to these specific examples of misconduct as well as to any other conduct for which management issues discipline.

**Remedies.** The last sentence of Article 16.1 establishes the principle that discipline may be overturned in the grievance/arbitration procedure and that remedies may be provided to the aggrieved employee—“reinstatement and restitution, including back pay.” If union and management representatives settle a discipline grievance, the extent of remedies for improper discipline is determined as part of the settlement. If a case is pursued to arbitration, the arbitrator states the remedy in the award.

**Back Pay.** The regulations concerning back pay are found in the ELM Section 436. The parties agree that, while all grievance settlements or arbitration awards providing for a monetary remedy should be promptly paid, the following Memorandum of Understanding applies only to those back pay claims covered by the ELM Section 436.

**MEMORANDUM OF UNDERSTANDING  
BETWEEN THE  
UNITED STATES POSTAL SERVICE  
AND THE  
NATIONAL ASSOCIATION OF LETTER CARRIERS, AFL-CIO**

**Re: Article 15—ELM 436—Back Pay**

The following applies solely to back pay claims covered by Section 436 of the Employee and Labor Relations Manual (ELM):

A pay adjustment required by a grievance settlement or arbitration decision will be completed promptly upon receipt of the documentation required by ELM part 436.4

Arguments:

The discipline was predetermined as evidenced at the just cause interview.

The union argues certain standards of conduct are normally expected and it is assumed that employees should be aware of these standards. SCS Jim, acknowledges the grievant is at work most of the time and therefore does not fall into the category of irregular attendance.

Management acted inconsistently and conveyed an ambiguous message to the grievant. Conflicting information about what was expected of her and how it has been applied.

The union argues the only reason the grievant received discipline was because she called in sick. Management failed to provide evidence the grievant was not ill or able to work safely and medical documentation was provided upon her return to work which was not controverted, consequently must be considered as legitimate for her days of absence.

Management chose to issue discipline rather than accept the grievant's explanation or pursue a thorough investigation to substantiate their charges. Management simply made assumptions without supporting evidence and failed to ensure their investigation was thorough and objective which is punitive rather than corrective and does not meet the requirements of just cause.

The union argues the terms of attendance requirement must be clear, unambiguous, and unmistakable. Otherwise, the rule is unreasonable.

Throughout the Letter of Warning management recites provisions of the Employee's Labor Manual (ELM) and the M-41 allegedly violated by the grievant although she wasn't charged with Failure to Follow Instructions.

The union contends the ELM is a management handbook. Carriers are not aware of the content or applicable rules or regulations in this book. It is not shared with them and is only for management's eyes as evidenced by the grievant's response. Management failed to prove the grievant was aware of these specific regulations. She was unaware of the rule.

Regulations appear in the narrative of the charge letter as if she knowingly violated these regulations. This violates her due process rights as she wasn't provided an opportunity to respond to these regulations.

The union argues attendance reviews were not adhered to on a regular basis which undermines management's contentions the grievant received adequate warning of consequences for not reporting to work or knowledge of violations allegedly broken.

Although, management may argue they provided a check list to verify the information was provided to the grievant there is no evidence items on the checklist were discussed, or verbally communicated to the grievant.

Management has failed to prove the terms have been communicated to the grievant and she understood them. It is the duty of management not the union, to explain these terms to the employee. Because management didn't do this the discipline was improper.

Management's entries on documents \*\*\*\*\* demonstrate a careless disregard for accuracy and investigation or violation.

The union requested a copy of the ERMS (sick call log) for all dates cited in the discipline, but nothing was provided as requested. Management's accusations are not proof of wrongdoing.

SCS \*\*\*\* had the opportunity to hand the grievant a PS form 3971, but chose not to, missing the opportunity to inform the grievant before resorting to discipline. The supervisor controls the PS 3971s and in this case failed to meet their own requirements and incorrectly entered hours and remarks without the carrier's knowledge. The carrier was not aware her attendance was considered unsatisfactory.

The "official discussion" or notes provided are suspect. Had there been a thorough discussion the grievant would have provided FMLA for this illness and she'd known medical notes do not prevent discipline.

Management's mention of "stand-ups" is a vain attempt to persuade neutral parties she was aware of cited regulations. However, management failed to provide evidence the grievant attended those meetings where those specific regulations and requirements were discussed. Arguments, assumptions, guesses, conjectures, allegations, or speculations are not evidence of any wrongdoing, and nothing is proven by this information.

In view of the incident dates cited and duplicate dates the discipline is punitive in absence of history, excessive behavior, or corrective measures. Management has not demonstrated with evidence the employee's attendance record supports a conclusion the employee is incapable of providing regular and dependable attendance without corrective action being taken.

The grievant did not receive any notification placing her on restricted sick leave/deems desirable or notified she was required to bring in documentation for every absence. The employee's past record does not reflect previous instances of discipline and no record of abuse. The supervisor actions were not based on reason or facts therefore they were arbitrary and capricious.

The grievant received no notice that medically certificated absences would be counted against her.

The grievant failed to receive notice that "too much" verified sick leave could cause her to be removed or disciplined from the postal service.

The grievant had no control over her hospitalization and appears to have fully recovered. If a standard did exist, it cannot be blindly applied to every case uniformly as this would result in an uneven administration of justice as in this case.

The failure of management to impose and stick with their own requirements to effectively convey to the grievant the next series of infractions would result in discipline places the grievant in limbo subjected to the whims of the supervisor which is inconsistent with corrective discipline.

When management failed to provide all relevant information, they violated the grievant's right to due process. The documents requested were on point with the incidents in dispute and not excessive.