

**DEPARTMENT OF TRANSPORTATION
OFFICE OF THE SECRETARY**

DEPARTMENTAL PERSONNEL MANUAL SYSTEM

DPM LETTER NO. 630-6

DATE: May 15, 1998

SUBJECT: Revised SF-71

The Office of Personnel Management has issued a revised Standard Form (SF-71), Request for Leave or Approved Absence (see attached copy). The revised form replaces the older version and is for immediate use. The Office of Personnel Management (OPM) indicates that it will be several months before the General Service Administration is ready to distribute hard copies of the new SF-71. Therefore, you have the option of continuing to use the "old" form until supplies are exhausted or make copies of the new form. The new form is available electronically as an Adobe Acrobat PDF document and can be downloaded from OPM 's website (<http://www.opm.gov>).

The revised form provides for the newer leave policies established over the past several years. It allows operating administrations to manually track the amount of sick leave used for bereavement purposes. It also provides a category for invoking the entitlement of the Family Leave Medical Act. The revised form may also be tailored to meet other leave categories. However, it is requested that proposed changes and/or revisions be coordinated through the Office of the Secretary.

For further information, please contact Maxcine Sterling, OST/M-12, on (202) 366-1291.



Departmental Director of Human
Resource Management

Attachment

Filing Instructions: File with Chapter 630 Letters

Distribution: All Departmental Personnel Manual Recipients

OPI: M-12/MSterling/202-366-1291

REQUEST FOR LEAVE OR APPROVED ABSENCE

1. NAME (Last, First, Middle Initial)	2. EMPLOYEE OR SOCIAL SECURITY NUMBER
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3. ORGANIZATION

4. TYPE OF LEAVE/ABSENCE <i>(Check appropriate box(es) below.)</i>	DATE		TIME		TOTAL HOURS	5. FAMILY AND MEDICAL LEAVE
	From:	To:	From:	To:		
<input type="checkbox"/> Accrued Annual Leave						If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993, please provide the following information: <input type="checkbox"/> I hereby invoke my entitlement Family and Medical Leave for: <input type="checkbox"/> Birth/Adoption/Foster Care <input type="checkbox"/> Serious Health Condition of Spouse, Son, Daughter, or Parent <input type="checkbox"/> Serious Health Condition of Self Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the Family and Medical Leave Act of 1993.
<input type="checkbox"/> Restored Annual Leave						
<input type="checkbox"/> Advance Annual Leave						
<input type="checkbox"/> Accrued Sick Leave						
<input type="checkbox"/> Advance Sick Leave						
Purpose: <input type="checkbox"/> Medical/dental/optical examination of requesting employee <input type="checkbox"/> Other <input type="checkbox"/> Care of family member/bereavement, including medical/dental/optical examination of family member						
<input type="checkbox"/> Compensatory Time Off						
<input type="checkbox"/> Other Paid Absence <i>(Specify in Remarks)</i>						
<input type="checkbox"/> Leave Without Pay						

6. REMARKS:

7. **CERTIFICATION:** I hereby request leave/approved absence from duty as indicated above and certify that such leave/absence is requested for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

EMPLOYEE SIGNATURE	DATE
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8. **OFFICIAL ACTION ON REQUEST:** **APPROVED** **DISAPPROVED**
 (If disapproved, give reason. If annual leave, initiate action to reschedule.)

SIGNATURE	DATE
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PRIVACY ACT STATEMENT

Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or to the General Services Administration in connection with its responsibilities for records management.

Where the employee identification number is your Social Security Number, collection of this information is authorized by Executive Order 9397. Furnishing the information on this form, including your Social Security Number, is voluntary, but failure to do so may result in disapproval of this request.

If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.