

Name of Assigned Carrier				Finance Number		Social Security Number		Des/Act	Route No.		Year	PP	
		Week 1		Week 2						Week 1		Week 2	
FMLA AL Hours		Hours	100s	Hours	100s	FMLA SL Hours				Hours	100s	Hours	100s
FMLA LWOP Hours		Hours	100s	Hours	100s	FMLA SL Dependent Care				Hours	100s	Hours	100s
Non-FMLA SL Dependent Care		Hours	100s	Hours	100s	FMLA Replacement Carrier Unavailable				Hours	100s	Hours	100s
FMLA COP Hours		Hours	100s	Hours	100s	FMLA IOD/OWCP Hours				Hours	100s	Hours	100s
Postmaster's Signature						Date			Carrier's Initials				