

Management Instruction

Wounded Warriors Leave

This management instruction sets forth the policy guidelines and standard procedures for administering Wounded Warriors Leave.

Policy Guidelines

Wounded Warriors Leave

The Postal Service™ supports the employment of U.S. military veterans who have chosen to commence or resume a civilian career with the Postal Service following their military service. Consistent with the requirements of the Wounded Warriors Federal Leave Act of 2015, the Postal Service allows any employee who meets the eligibility requirements to take a specifically designated type of leave, without loss or reduction in pay, for undergoing medical treatment for a service-related disability.

The Postal Service also recognizes the value that veterans add to the workforce. Consequently, it has determined that is both appropriate and desirable for the Postal Service to grant additional amounts of leave for the purpose of medical treatment as expressed in the Wounded Warriors Federal Leave Act of 2015. Therefore, in addition to the statutorily mandated leave, the Postal Service grants additional Wounded Warriors Leave as described herein.

Definitions

Wounded Warriors Leave is an authorized absence from the Postal Service to undergo medical treatment for a service-connected disability rated at 30 percent or more. It is a separate leave category, distinct from sick leave.

Treatment is an in-person visit to a health care provider, as specified in Section 513.364 of the *Employee and Labor Relations Manual* (ELM), and includes the course of action prescribed by a health care provider. Treatment includes but is not limited to examination for and evaluations of the health condition that has caused the disability rating.

Health Care Provider is the employee's attending physician or other attending practitioner as recognized by ELM 515.2.

Leave Year means the period beginning on the first day of the first pay period of the calendar year, concluding with the last day of the last pay period of the calendar year. It is the period during which an employee may use Wounded Warriors Leave.

Date	January 5, 2019
Effective	January 5, 2019
Number	EL-510-2019-2
Obsoletes	EL-510-2016-8
Unit	Compensation and Benefits



Jeffrey C. Williamson
Chief Human Resources Officer and
Executive Vice President

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Carryover

Wounded Warriors Leave must be used during the Leave Year in which it is credited and will not be carried over. No employee may accrue more than 104 hours of Wounded Warriors Leave during any Leave Year.

Separation

If the employee leaves the Postal Service at any time during any Leave Year, any remaining leave will not be reinstated or paid out, except as permitted by Office of Personnel Management regulations if the employee transfers to another federal agency.

Requests for Wounded Warriors Leave

Foreseeable Leave

All employees requesting Wounded Warriors Leave must do the following:

- a. Submit their request on PS Form 3971, *Request for or Notification of Absence*, in advance to the appropriate supervisor, and
- b. Designate the reason for the absence as "other" and write "Wounded Warriors Leave" in the space provided.

Unforeseeable Leave

The Postal Service makes an exception to the advance approval requirement for unexpected treatment that qualifies for Wounded Warriors Leave. When the need to use Wounded Warriors Leave is not foreseeable, employees must notify the appropriate supervisor of the following as soon as possible:

- a. The employee's treatment,
- b. The expected duration of the absence, and
- c. The applicability of Wounded Warriors Leave.

Alternatively, the employee may use the Interactive Voice Response (IVR) system to record his or her absences. If the employee does not submit PS Form 3971 before the absence, the employee must complete the form upon his or her return to duty.

Approval or Disapproval

The supervisor is responsible for approving or disapproving requests for Wounded Warriors Leave by signing PS Form 3971, and returning a copy to the employee. If a supervisor does not approve a request for leave as submitted, including determinations of Absent Without Official Leave (AWOL), the supervisor must check the Disapproved block on PS Form 3971 and give the reason(s) for the disapproval in writing in the space provided. When a request is disapproved, the supervisor may also grant an alternate type of leave.

Verification

To verify that Wounded Warriors Leave requested by an employee is appropriately used for the treatment of a service-connected disability,

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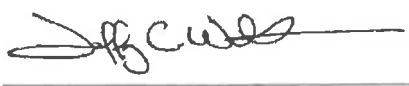
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Date	November 16, 2016 Month Day, Year
Effective	Immediately
Number	EL-510-2019 6-8X
Obsoletes	EL-510-2016-87
Unit	Compensation and Benefits
	
Jeffrey C. Williams	

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- b. Designate the reason for the absence as "other" and write "Wounded Warriors Leave" in the space provided.

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- a. The employee's treatment;
- b. The expected duration of the absence; and
- c. The applicability of Wounded Warriors Leave.

Alternatively, the employee may use the Interactive Voice Response (IVR) system to record his or her absences. If the employee does not submit PS Form 3971 before the absence, the employee must complete the form upon his or her return to duty.

Approval or Disapproval

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Verification

To verify that Wounded Warriors Leave requested by an employee is appropriately used for the treatment of a service-connected disability, the requesting employee must submit to the supervisor a copy of PS Form 5980, *Treatment Verification for Wounded Warriors Leave*, certified by a health care provider that the employee used the leave to receive treatment for a covered disability. The employee must provide the verification no later than 15 calendar days after the employee returns to work.

Charging Wounded Warriors Leave

Employees must charge Wounded Warriors Leave in the same manner as sick leave, as described in ELM 513.4.



Treatment Verification for Wounded Warriors Leave

Employee Information (To be completed by the employee)

Name (Last, First, MI)	Employee ID	Installation	Date Submitted
Date of Appointment with Health Care Provider	Time of Appointment with Health Care Provider		

I certify that I am requesting Wounded Warrior Leave in conjunction with a military service-connected disability rated at 30 percent or more. I have provided documentation to the Postal Service from the Department of Veterans Affairs, or on any Office of Personnel Management (OPM) certification form developed for administration of Wounded Warrior Leave, certifying that I have a qualifying service-connected disability, as required in Management Instruction EL-510-2016-X.

I also acknowledge that I have **15 calendar days** from the date I return to work to provide this verification to the appropriate supervisor to use Wounded Warrior Leave in lieu of sick leave, annual leave, or leave without pay.

Employee Signature _____ Date _____

Privacy Act Statement: Your information will be used to administer leave. Collection is authorized by 39 USC 401, 404, 1001, 1003, and 1005; and 29 USC 2601 et seq. Providing the information is voluntary, but if not provided, we may not process your request. Your information may be disclosed as follows: in relevant legal proceedings; to law enforcement when the USPS or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities under contract with USPS and/or authorized to perform audits; to labor organizations as required by law; to government agencies regarding personnel matters; to the EEOC; and to the MSPB or Office of Special Counsel. For more information regarding our privacy policies visit www.usps.com/privacypolicy.

Provider Information (To be completed by the health care provider)

Name of Physician/Provider	Specialty
Name of Health Care Facility	Contact Telephone Number

Please provide details of any treatment required, including the frequency and/or duration of any course of action you may prescribe, that would necessitate the employee taking additional leave from work beyond the date of appointment identified in the *Employee Information* portion of this verification form.

The above-referenced employee is requesting to take leave under the Wounded Warriors Federal Leave Act of 2015 for treatment of a service-connected disability, as certified by the U.S. Department of Veteran's Affairs. Treatment is defined as an in-person visit to a health care provider and includes the course of action prescribed by a health care provider. Your signature below, as the health care provider, verifies that the identified employee is undergoing treatment for a certified disabling condition.

Health Care Provider Signature _____ Date _____

Print _____

Official Action on Application (Return copy of signed request to employee)

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Reason/Reason Code for disapproval (if applicable): _____	

Supervisor Signature _____	Date _____





Dear Postal Employee,

On November 5, 2015, President Obama signed the Wounded Warriors Federal Leave Act of 2015 (Pub. L114-75) (Act). The Act requires federal agencies to make leave immediately available to eligible disabled service members to attend medical appointments without loss or reduction to pay.

You have been identified as an employee that is likely eligible for Wounded Warriors Leave based on your current Veterans Preference code.

What is Wounded Warriors Leave?

Wounded Warriors Leave (WWL), as designated, is available to eligible veterans to attend medical appointments and receive related treatment for a service-connected disability. Eligible veterans include all Postal Service employees that have a minimum 30 percent combined disability rating. In addition to being available to new employees hired on or after November 5, 2016, WWL is also available to current employees as of November 5, 2016, who otherwise meet the Act's eligibility requirements (including non-career employees on a required break in service), as well as employees who return to the Postal Service on or after November 5, 2016 from military service or leave in which they have suffered a qualifying disability.

WWL is a separate leave category, distinct from annual or sick leave. WWL is only available during the first 12 months of employment, or 12-month period beginning November 5, 2016 for current employees, unless an employee returns from Military Leave (without a break in service) with a new service-connected disability rated at 30 percent or more. WWL is offered to employees as a one-time benefit. Once the leave has been exhausted an employee is not eligible to receive the benefit again. Further, any WWL not used in the 12-month eligibility period is forfeited.

How do I know if I am eligible for Wounded Warriors Leave?

It is an employee's responsibility to notify the Postal Service of his or her eligibility before requesting Wounded Warriors Leave. You can verify if you are eligible by viewing your most recent PS Form 50 – *Notification of Personnel Action*. Your most recent PS Form 50 can be found in your e-OPF, which you can access through LiteBlue, if you do not have a hard copy available to you. Locate box number 11 – Veterans Preference on the PS Form 50. If box number 11 contains code "6-10pt- Comp over 30%", this indicates that you are already designated as a veteran with a disability rating of 30 percent or more. If box 11 on your PS Form 50 does not denote code "6-10pt- Comp over 30%", you will need to submit the necessary documentation to certify eligibility.

If the Veterans Preference designation on your PS Form 50 shows you are eligible for Wounded Warriors Leave, you will be able view your allocated hours for the Wounded Warriors Leave on your ePayroll Earnings Statement under "Other Leave."

How do I request to use Wounded Warriors Leave?

Requests for WWL should be made in advance, unless the leave is unforeseeable. Prior to the absence, employees must complete PS Form 3971, designating the reason for the absence as "other" and writing "Wounded Warriors Leave" in the space provided. Within 15 calendar days from their return to work, employees must provide to their supervisor a completed PS Form 5980, *Treatment Verification for Wounded Warriors Leave*, signed by their medical provider.

The use of WWL can be used in combination with other employee accrued leave and may also be used in conjunction with the Family Medical Leave Act (FMLA) provided the employee meets eligibility requirements.



For additional information on the Wounded Warriors Leave program, please see EL-510-2016-8, Management Instruction: Wounded Warriors Leave.

Where do I send documentation if my SF-50 does not show I'm eligible?

Employees who have not yet submitted the necessary paperwork must provide documentation from the Department of Veterans Affairs certifying that the employee has a qualifying service-connected disability. Specifically employees should submit a copy of DD 214 (Member 4), for each period of service, along with rating letter from the VA. Documentation to support WWL eligibility must be sent to:

HR Shared Service Center

via mail

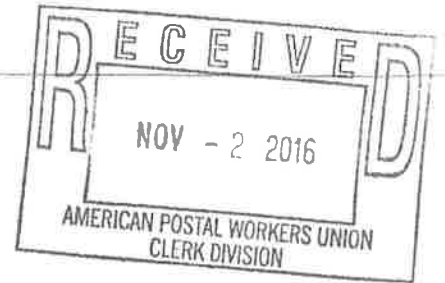
Attention: RTR
HR Shared Service Center
PO Box 970100
Greensboro NC 27497-0100

via fax

(651) 994-3521

SCANNED

LABOR RELATIONS



October 24, 2016

Ms. Lynn Pallas-Barber
Assistant Director, Clerk Division
American Postal Workers Union, AFL-CIO
1300 L Street NW
Washington, DC 20005-4128

Certified Mail Tracking Number:
7008 1140 0004 6691 8166

Dear Lynn:

This is in response to a question you raised in our October 21 meeting concerning the Postal Service's proposed creation of a form titled, "Treatment Verification for Wounded Warriors Leave," which will be used to verify that a medical treatment sought in connection with a request for Wounded Warriors Leave is related to a service-connected disability. The meeting was held pursuant to Article 19 of the National Agreement (notices were provided to the union by letters dated August 16 and October 17).

We have restated your question followed by our response below.

Question: Will the Postal Service consider an employee's authorized, legitimate use of Wounded Warriors Leave for purposes of adverse personnel actions?

Response: No.

If you have any questions concerning the foregoing, please contact Noah Meyers at 5024.

Sincerely,

A handwritten signature in black ink, appearing to read "Alan S. Moore".

Alan S. Moore
Manager
Labor Relations Policy & Programs