

# HBK EL-505, INJURY COMPENSATION, DECEMBER 1995 FORMS

Form 3956

<p>The collection of this information is authorized by 39 USC 401, 1003, 1005, 5 USC 8339. It will be used to authorize your departure for medical attention. As a routine use, this information may be disclosed to a Federal agency when relevant to the administration of employee benefits and programs including EEO, to an appropriate law enforcement agency for investigative or prosecutive purposes, to a Congressional office at your request, to the OMB for review of private legislation, to a labor organization as required by the NLRA, and where pertinent, in a legal proceeding to which the Postal Service is a party.</p>		
<p><b>Part A -- Employee Information</b></p> <p>Complete items 1 through 7. Deliver to supervisor for Part B completion then deliver copies 1 and 2 to Medical Unit/Physician.</p>		<p><b>Part C -- Physician's/Nurse Report</b></p> <p>Complete items 12 through 18. Return Copy 2 to supervisor immediately following initial visit.</p>
<p>1. To: (Physician's Name and Address, including Apt./Suite No.)</p>		<p>12. Date</p>
<p>2. Employee's Name (Last, First, Middle Initial)</p>		<p>13. Time Patient Arrived</p>
<p>3. Job Title</p>		<p>14. Recommendation  <input type="checkbox"/> Return to Work    <input type="checkbox"/> Further Treatment    <input type="checkbox"/> Trans to Hospital</p>
<p>4. SSN</p>		<p>15. Duty Status                      Not Fit for Duty                      Fit for Restricted Duty  <input type="checkbox"/> Fit for Duty                      <input type="checkbox"/> Days                      <input type="checkbox"/> Days</p>
<p>5. Installation and Section Where Employed</p>		<p>16. If Restricted Duty, Checked in Item 15, Specify Limitations</p>
<p>6. Illness or Injury (State briefly)</p>		
<p>7. Job Related  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>		
<p><b>Part B -- Supervisor</b></p> <p>Complete items 8 through 11 prior to employee departure. Complete items 19 through 21 after employee returns from physician</p>		
<p>8. Date and Time Employee Left Installation or Section</p>		<p>17. Time Employee Left Medical Unit/Physician</p>
<p>9. Job Related  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p>	<p>10. Supervisor's Signature</p>	
<p>11. Return to: Supervisor's Name and Mailing Address (Put in window area)</p>		<p>18. Physician's/Nurse's Signature</p>
		<p>19. Date Returned to Work</p>
		<p>20. Time Absent</p>
		<p>21. Supervisor's Signature</p>

PS Form 3956, March 1988

U.S. Postal Service

1 -- Medical Unit

**Authorization for Medical Attention**