

REQUEST FOR ADVANCED SICK LEAVE

Section 1: To be completed by the individual requesting leave

1. NAME:		2. SSN:		3. UNIT/ADDRESS:	
4. BRANCH/OFFICE:		5. TECH GRADE:		6. JOB TITLE:	
7. HOURS REQUESTED:		8. INCLUSIVE DATES: FROM: _____ TO: _____		9. USE TYPE: <input type="checkbox"/> INTERMITTENT <input type="checkbox"/> CONTINUOUS	10. NTE DATE:
11. REASON FOR REQUESTING ADVANCED LEAVE:					
12. DATE:		13. SIGNATURE OF INDIVIDUAL REQUESTING ADVANCED LEAVE:			

Section 2: To be completed by Supervisor

14. CURRENT BALANCES: SICK: _____ ANNUAL: _____ COMP: _____					
15. I HAVE REVIEWED THE ABOVE REQUEST AND APPROVE THE ADVANCE OF _____ HOURS OF SICK LEAVE.					
16. DATE:		17. TITLE:		18. SIGNATURE:	

Section 3: To be completed by Human Resources Office

19. LEAVE STATUS: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED					
20. REMARKS:					
21. DATE:		22. TITLE:		23. SIGNATURE:	