

REQUEST FOR ADVANCED SICK LEAVE

THRU Immediate Supervisor TO F&A, Civilian Payroll FROM
Activity Director

I request to be advanced _____ hours of sick leave to begin on or about _____ . I am presently incapacitated for duty and expect to recover and return to work on or about _____. My current use/lose annual leave balance is _____ hours, and my current sick leave balance is _____ hours.

Employee's Signature/SSN/Date

PHYSICIAN'S CERTIFICATION:

_____ is presently under my professional care and he/she is fully incapacitated for duty. It is anticipated that he/she will be recuperated and able to return to full duty on or about _____ (date).

Physician's Signature/Date

Immediate Supervisor's Recommendation: APPROVAL _____ DISAPPROVAL _____

Immediate Supervisor:

NAME:
TITLE:
SIGNATURE:
DATE:

Activity Director's Determination: APPROVED _____ DISAPPROVED _____

Activity Director:

NAME:
TITLE:
SIGNATURE:
DATE:

PRIVACY ACT STATEMENT

AUTHORITY - 5 CFR PART 630. PRINCIPAL PURPOSE - TO PROVIDE WRITTEN REQUEST FOR ADVANCED SICK LEAVE. ROUTINE USES - EMPLOYEES REQUESTING ADVANCED SICK LEAVE WILL COMPLETE THE FORM. APPROVAL IS BASED ON A REVIEW OF THE INFORMATION PROVIDED. DISCLOSURE AND EFFECT ON INDIVIDUAL - DISCLOSURE IS VOLUNTARY; HOWEVER, INCOMPLETE OR NONDISCLOSURE OF INFORMATION COULD RESULT IN DISAPPROVAL OF REQUEST.