

Advanced Sick Leave Request Form

☐ Original Request ☐ Extension

PART I: To be completed by Employee

Name of Employee: _____ Employee ID#: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Dates of absence: _____ Days requested (up to 15 days per year of service not to exceed 60): _____

Current Department: _____ Job Title: _____

Supervisor's Name: _____ Payroll Representative's Name: _____

Requests for Advanced Sick Leave must be supported by medical certification by an accredited, licensed, or certified medical provider and must be submitted along with this request. The certification must include your name, physician's name, address, phone number and signature. It must also include the date the absence will begin and the probable or expected return to work date.

(Failure to complete the form in its entirety or provide medical verification may result in a delay in processing the request.)

I acknowledge and agree that any sick leave advanced to me is considered a debt and that upon my return to work I am required to repay the University by applying, at a minimum, one-half of my sick and annual leave earnings each pay period. I understand that, in addition to the minimum payback, I may elect to pay back the advanced sick leave debt by applying any earned leave or by reimbursing the University with cash. Any debt remaining at the time of my separation from the University may be taken out of my final wages and any leave owed to me at the time of my separation. Further, this debt is enforceable until repaid, even after my separation from University service whether voluntary or involuntary. I also understand that I may not be eligible for further advanced sick leave until this debt is repaid.

Employee's Signature

Date

Part II: To be completed by Department or Payroll Representative

Date on which all earned leave (sick, annual, holiday, personal, or compensatory) will expire: _____

Number of days the employee has been absent from duty on sick leave (3-year period): _____ 2023 _____ 2024 _____ 2025

Has employee previously been granted Advanced Sick Leave? _____ If yes, the current balance is: _____

Is this a request for additional Advance Sick Leave for the same injury or illness? _____

Part III: To be completed and signed by Supervisor:

Print

Signature

Has employee:	YES	NO
Exhausted all types of accrued leave?		
Performed at a level of "meets standards" or better in the last 12 months?		
Been placed on sick note certification in the last 12 months?		
Been disciplined for attendance in the last 12 months?		

Part IV: To be Reviewed and Signed by Department Head

☐ Approved ☐ Declined _____
Signature

Print Name

Date

To be Reviewed and Signed by Human Resources Designee/Leave Management Administrator

☐ Approved ☐ Declined _____
Signature

Print Name

Date