

REQUEST FOR ADVANCED SICK LEAVE

Instructions: Complete Part I and submit to the Office of Human Resources for review and approval.

Part I: To be completed by the employee

Date of Request: _____

Name: _____

Empl ID: _____

Title: _____

Dept: _____

Date of hire: _____

Date leave began: _____ Anticipated Return to Work Date: _____

REQUIRED: Attach a medical certificate from your medical provider (with name, address and original signature of provider) which **MUST** include the following information: a statement that you are required to be absent from work due to illness, injury or disability, the duration of your absence from work, and the prognosis of your ability to return to work.

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 leave and annual leave earnings each pay period. I understand that I may elect to pay back the sick leave debt by applying additional 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.

Employee Signature: _____ Date: _____

Part II: To be completed by Human Resources

Date on which all leave will be exhausted: _____

Number of days needed: _____

Does employee have a satisfactory record of performance? Yes No

If no, explain: _____

Does employee have a satisfactory record of sick leave usage? Yes No

If no, explain: _____

Has employee previously been granted advanced sick leave? Yes No

If yes, how many days? _____ Has the leave been repaid? Yes No

Determination:

_____ Approved for _____ number of days

_____ Disapproved due to _____

OHR Signature: _____ Date: _____