



ADVANCED LEAVE APPLICATION

Name:

Employee ID:

Type of Advanced Leave Request

Leave requested for:

Advanced Vacation Leave

Advanced Sick Leave

Reason for Request:

Current Vacation Leave Balance:

Current Sick Leave Balance:

Current Bonus Leave Balance:

Employee's Authorization

I, _____, have requested a Leave Advance. I acknowledge that the use of advanced leave represents a liability to my employer. If the advance leave is not made up by 12/31/XXXX each year, the value of the outstanding balance will be deducted from my paycheck. Should I separate while there is still an outstanding advance, the value of that advance will be deducted from my final paycheck.

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Supervisor's Phone: _____

For Human Resources Staff Use Only

Accrual Rate: _____ Max Amount Allowed for Advance: _____

Advance Approved: _____ Advance Denied: _____

Authorized Agency Representative: _____