

## Advanced Leave Application

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Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

### Type of Advanced Leave Request

Leave requested for:

\_\_\_\_ Advance Vacation Leave

\_\_\_\_ Advance Sick Leave

Reason for Request: \_\_\_\_\_

### Current Leave Balances

Vacation Leave \_\_\_\_\_ Sick Leave \_\_\_\_\_ Bonus Leave \_\_\_\_\_

### 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 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: \_\_\_\_\_

Advanced Denied: \_\_\_\_\_

Authorized Agency Representative: \_\_\_\_\_