

ADVANCE SICK LEAVE REQUEST

DATE: _____

FROM: _____ SS#: _____

TO: HQ Payroll (submit through organizational payroll liaison)

SUBJECT: ADVANCE SICK LEAVE REQUEST

Advance Sick Leave in the amount of _____ hours is requested to cover the period of
_____ through _____.

Employee signature and date

Approved: ____ Disapproved: ____

Employee's Supervisor Signature and date

Supervisory Title and Organization