

**REQUEST FOR ADVANCE SICK LEAVE**

TO: SENIOR PLANT MANAGER                      DATE: \_\_\_\_\_

Employee Name \_\_\_\_\_ Pay Location \_\_\_\_\_

This is my request for: \_\_\_\_\_ hours of Advanced Sick Leave. The first day of advance

Sick leave to begin on: \_\_\_\_\_ and end on \_\_\_\_\_ at which time it is expected

I will be able to return to duty on \_\_\_\_\_ (provide a return date)

I understand Advanced Sick Leave can be granted only in cases of serious disabilities or ailments. It is my intention to return to duty when permitted by a medical doctor. It is also understood this request must be supported by;

1. Medical Documentation of the illness is required.
2. PS Form 1221 Advanced Sick Leave Authorization
3. Form 3971 Request for or Notification of Absence
4. A letter from employee why advance sick leave is required and a return to work date.

I further understand this advance sick leave may be liquidated as sick leave is earned after my return to duty or upon my request by a charge of equivalent amount of annual leave.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Mailing Address

**After review of this employee's sick leave record, my recommendation is to:**

\_\_\_\_\_  
Immediate Supervisor                      Date                      CONCUR \_\_\_\_\_ NON-CONCUR \_\_\_\_\_

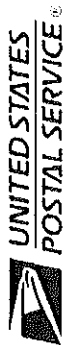
\_\_\_\_\_  
Tour Manager                                      Date                      CONCUR \_\_\_\_\_ NON-CONCUR \_\_\_\_\_

\_\_\_\_\_  
Sr. MDO    Date                      CONCUR \_\_\_\_\_ NON-CONCUR \_\_\_\_\_

\_\_\_\_\_  
Sr. Plant Manager                              Date                      CONCUR \_\_\_\_\_ NON-CONCUR \_\_\_\_\_

State reason for non-concurrence: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



## Advanced Sick Leave Authorization

**INSTRUCTIONS:** Original is sent to USPS Scanning and Imaging Center. Copy is sent to employee's official personnel folder after completion of employee's time entries.

Post Office, State, and ZIP Code		Date	Finance Number
Employee's Name (Last, first, middle initial)		Employee ID	Date Entered on Duty
Advanced Sick Leave Begins	Advanced Sick Leave Ends	Number of Hours Authorized	
Date	Date	PP/YR	Date
<b>Advanced sick leave for above employee for dates and hours listed is hereby authorized.</b>		Signature of Installation Head 	Telephone Number
Remarks (Do not enter medical information.)			