

## REQUEST FOR ADVANCE SICK LEAVE

*PRIVACY ACT STATEMENT*

**AUTHORITY:** E.O. 9397, Authorizes use of SSN and PL 100.566.

**PURPOSE:** The information furnished will be used to properly identify records that are associated with the application to request advance sick leave. Authorizes use of SSN for identification of an individual.

**ROUTINE USES:** To coordinate with the appropriate officials on an individual's need to enter into the sick leave program.

**DISCLOSURE:** Voluntary. However, failure to do so may delay or prevent action on the application.

**NOTE: EMPLOYEE SUBMITS TO SUPERVISOR**

ADVANCE SICK LEAVE EQUATES TO PROVIDING THE EMPLOYEE AN INTEREST-FREE CASH LOAN AND, AS SUCH, WILL BE APPROVED ONLY AFTER ALL RELEVANT CIRCUMSTANCES HAVE BEEN CAREFULLY CONSIDERED. IN CASES OF SERIOUS DISABILITY, ILLNESS, INCAPACITATION, OR CONFINEMENT FOR CHILDBIRTH, SICK LEAVE MAY BE ADVANCED IN AN AMOUNT UP TO THIRTY WORKDAYS (240 WORKHOURS). WHEN RESPONDING TO EMPLOYEE'S REQUESTS FOR ADVANCE SICK LEAVE, RECOMMENDING AND APPROVING OFFICIALS MUST CONSIDER:

(1) EMPLOYEE'S PRIOR SICK LEAVE HISTORY; ANNUAL LEAVE VERSUS SICK LEAVE BALANCE HISTORY; LENGTH OF CONTINUOUS EMPLOYMENT; AND WHETHER ALL ACCUMULATED SICK LEAVE HAS BEEN EXHAUSTED. ALSO CONSIDER REQUIRING THE EMPLOYEE TO USE ANY ANNUAL LEAVE WHICH MAY BE SUBJECT TO FORFEITURE.

(2) THE MEDICAL DOCUMENTATION PROVIDED BELOW BY THE PHYSICIAN OR MEDICAL SPECIALIST.

ADVANCE SICK LEAVE IS NOT GRANTED IF IT IS CONSIDERED LIKELY THAT THE EMPLOYEE WILL NOT RETURN TO DUTY FOR A SUFFICIENT PERIOD OF TIME TO REPAY THE ADVANCE LEAVE, OR IF THERE ARE INSUFFICIENT FUNDS IN THE RETIREMENT ACCOUNT TO LIQUIDATE THE INDEBTEDNESS. ADVANCE SICK LEAVE WILL BE GRANTED UP TO THE NUMBER OF HOURS COVERED BY FUNDS IN THE RETIREMENT ACCOUNT.

EMPLOYEE'S NAME (Last, First, M.I.)		SSN
ORGANIZATION/STOP NUMBER	OFFICE SYMBOL	DUTY PHONE
GRADE AND STEP	SICK LEAVE BALANCE	EXPECTED DATE AVAILABLE SL EXHAUSTED
NUMBER OF HOURS REQUESTED	DATE SICK LEAVE BEGINS	DATE EMPLOYEE EXPECTS TO RETURN TO DUTY

**MEDICAL DOCUMENTATION**

DIAGNOSIS

  
  
  
  
  
  
  
  
  
  

PROGNOSIS

  
  
  
  
  
  
  
  
  
  

DUTY RESTRICTIONS (If any) AND DURATION

  
  
  
  
  
  
  
  
  
  

PERIOD OF ABSENCE	ESTIMATED DATE OF RETURN TO DUTY	
	FULL TIME	PART TIME

PHYSICIAN/MEDICAL SPECIALIST SIGNATURE	ADDRESS
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DUTY PHONE	DATE (YYYYMMDD)	
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### **About the ITAOP/savePDF Method**

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

**EMPLOYEE CERTIFICATION**

1. I HAVE SUFFICIENT FUNDS IN MY RETIREMENT ACCOUNT TO COVER THIS ADVANCE.
2. I INTEND TO RETURN TO DUTY FOLLOWING RECOVERY.
3. I HAVE ATTACHED OPM FORM 71, APPLICATION FOR LEAVE, AND MY LATEST LEAVE AND EARNINGS STATEMENT.

EMPLOYEE'S SIGNATURE

OFFICE SYMBOL/STOP NUMBER

DUTY PHONE

DATE (YYYYMMDD)

**SUPERVISOR'S ENDORSEMENT**

**TO: CPF**

1. THE REQUEST FOR ADVANCE SICK LEAVE IS APPROVED.
2. I HAVE CAREFULLY REVIEWED THE MEDICAL DOCUMENTATION AND BELIEVE THAT THE EMPLOYEE WILL RETURN TO DUTY FOR A SUFFICIENT PERIOD OF TIME TO EARN THE ADVANCE SICK LEAVE.
3. THE EMPLOYEE HAS NO PAST RECORD OF SICK LEAVE ABUSE.
4. THE EMPLOYEE HAS PROVIDED LATEST LEAVE AND EARNINGS STATEMENT AND OPM FORM 71, APPLICATION FOR LEAVE, WHICH ARE ATTACHED TO THIS REQUEST.
5. EMPLOYEE IS NOT EXPECTED TO RETIRE OR OTHERWISE SEPARATE BEFORE THE ADVANCE CAN BE LIQUIDATED BY ACCRUAL BEFORE SEPARATION.

SUPERVISOR'S SIGNATURE

TYPED NAME AND TITLE

OFFICE SYMBOL/STOP NUMBER

DUTY PHONE

DATE (YYYYMMDD)

**APPROVING OFFICIAL'S (CPF) ENDORSEMENT**

**TO: CIVILIAN PAYROLL**

1. VERIFICATION OF THE LATEST LEAVE AND EARNINGS STATEMENT INDICATES THERE ARE SUFFICIENT FUNDS IN THE EMPLOYEE'S RETIREMENT ACCOUNT TO COVER \_\_\_\_\_ HOURS OF ADVANCE SICK LEAVE.
2. CURRENT MEDICAL DOCUMENTATION INDICATES THAT IT IS CONSIDERED LIKELY THAT EMPLOYEE WILL RETURN TO DUTY FOR A SUFFICIENT PERIOD OF TIME TO REPAY \_\_\_\_\_ HOURS OF ADVANCE SICK LEAVE.
3. PLEASE TAKE THE NECESSARY ACTION TO CREDIT THE EMPLOYEE WITH \_\_\_\_\_ HOURS OF ADVANCE SICK LEAVE.

COMMENTS

APPROVING OFFICIAL'S SIGNATURE

TYPED NAME AND TITLE

OFFICE SYMBOL/STOP NUMBER

DUTY PHONE

DATE (YYYYMMDD)