

REQUEST FOR ADVANCED SICK LEAVE

NRLINST 7400.2

PART I EMPLOYEE'S REQUEST		
NAME	DIVISION CODE	
DATE <i>(Leave Requested Beginning)</i>	DATE <i>(Not to Exceed)</i>	TOTAL HOURS REQUESTED <i>(NTE 240)</i>
<p>EMPLOYEE STATEMENT <i>(PLEASE PROVIDE THE FACTS RELATING TO THIS REQUEST. ATTACH A MEDICAL CERTIFICATE, SIGNED BY A PHYSICIAN, WHICH CERTIFIES THAT YOU WILL BE INCAPACITATED FOR THE ENTIRE PERIOD FOR WHICH ADVANCED SICK LEAVE IS REQUESTED. SUPERVISORS MAY REQUIRE ADDITIONAL INFORMATION, INCLUDING A DETAILED MEDICAL STATEMENT.)</i></p> <div style="text-align: right; margin-right: 100px;"> _____ <i>Signature</i> </div> <div style="text-align: right; margin-right: 50px;"> _____ <i>Date</i> </div>		

PART II FIRST-LINE SUPERVISOR		
EMPLOYEE'S LEAVE STATUS AS OF <i>(DATE)</i>	ANNUAL LEAVE BALANCE	SICK LEAVE BALANCE
<p>APPROVAL OF ADVANCED SICK LEAVE IS SUBJECT TO THE STIPULATIONS SET FORTH ON THE REVERSE. TO DETERMINE IF APPROVAL IS APPROPRIATE, ANSWER THE QUESTIONS BELOW BY MARKING YES OR NO, AND BY FILLING IN APPLICABLE BLANKS. IF YOU ARE UNSURE ABOUT RECOMMENDING APPROVAL OR HAVE ANY QUESTIONS, <u>PLEASE CONTACT CODE 1850 FOR GUIDANCE.</u></p>		
1. IS THE REQUEST FOR 30 DAYS <i>(240 HOURS)</i> OR LESS?	YES	NO
2. IS THE EMPLOYEE SUFFERING FROM A SERIOUS DISABILITY OR AILMENT?	YES	NO
IS HIS/HER MEDICAL DOCUMENTATION ADEQUATE?	YES	NO
3. HAS THE EMPLOYEE EXHAUSTED ALL AVAILABLE SICK LEAVE?	YES	NO
IF NOT, WHEN SHOULD THE ADVANCE, IF APPROVED, BEGIN <i>(DATE)</i> ?	_____	
4. DOES THE EMPLOYEE HAVE ANNUAL LEAVE <i>(LA)</i> SUBJECT TO FORFEITURE?	YES	NO
FOR THIS OR ANY OTHER REASON, SHOULD HE/SHE BE REQUIRED TO EXHAUST SOME/ALL LA?	YES	NO
5. IS THERE EVIDENCE OF LEAVE ABUSE, WARRANTING DISAPPROVAL OF THIS REQUEST?	YES	NO
6. IS THE EMPLOYEE SERVING A TEMPORARY APPOINTMENT?	YES	NO
IF SO, HOW MUCH SICK LEAVE WILL HE/SHE EARN DURING THE REST OF THE APPOINTMENT?	_____	HOURS
7. DO YOU BELIEVE HE/SHE WILL RETURN AND WORK LONG ENOUGH TO REPAY THE ADVANCE?	YES	NO

COMMENTS

SUPERVISOR RECOMMENDATION	SIGNATURE AND TITLE	DATE
APPROVAL DISAPPROVAL		

PART III DIVISION HEAD APPROVAL		
<p>THE DIVISION HEAD HAS ULTIMATE RESPONSIBILITY FOR APPROVING OR DISAPPROVING ADVANCED SICK LEAVE, AND FOR ENSURING THAT A COPY OF THIS COMPLETED FORM AND THE ACCOMPANYING MEDICAL CERTIFICATE IS FORWARDED TO THE PAYROLL OFFICE <i>(CODE 3333.1)</i> WHEN THE ADVANCE IS APPROVED. WHETHER THE ADVANCE IS APPROVED OR DISAPPROVED, THE ORIGINAL FORM SHOULD BE RETURNED TO THE EMPLOYEE.</p>		
APPROVED DISAPPROVED	SIGNATURE AND TITLE	DATE

GUIDELINES FOR APPROVAL OF ADVANCED SICK LEAVE

An employee may apply to draw on anticipated sick leave accruals when a period of temporary incapacitation will exceed his/her current sick leave accumulation. Approval of advanced sick leave is subject to the following stipulations:

1. The amount of sick leave advanced to an employee's account may never exceed 30 days at a time.
2. Advances are to be limited to instances of serious disability or ailments, and only when medical certification is provided by the employee which clearly states the he or she will be incapacitated during the entire period for which the advance is requested. Supervisors may require additional information, including a detailed medical statement, in accordance with NRLINST 12339.1A. Code 1850 should be contacted for advice in this situation.
3. All available sick leave to the employee's credit must be exhausted.
4. Employees may be required to exhaust all or part of any accumulated annual leave, particularly annual leave which might otherwise be forfeited.
5. Consideration will be given to denying the leave request when there is evidence that the employee has been abusing sick leave.
6. The amount of sick leave advanced to an employee serving under a temporary appointment will be limited to the amount which would be earned subsequently during the course of the appointment.
7. The approving authority should have reasonable assurance of the employee's return to duty. Should the employee separate because of disability or illness (retirement, resignation or other separation), the Laboratory has no authority to require the repayment of the amount paid to the employee for advanced leave.
8. Payment of advanced sick leave will cease if circumstances warrant it's termination.

PRIVACY ACT STATEMENT

Authority. Title 5, Code of Federal Regulations, Part 630.

Principal Purpose. This information will be used to determine and document approval or disapproval of employee requests for advanced sick leave, and to process approved requests.

Routine Uses. The information contained in this form will be made available to agency officials responsible for approval/disapproval and administration of employee leave requests.

Disclosure. Disclosure of this information is voluntary. Failure to provide requested information may result in disapproval of advanced sick leave.