

AT__ -____ (630)

(Date)

MEMORANDUM FOR ATZP-CPAC (Customer Service Representative)

SUBJECT: Request for **Advance Sick Leave**

1. Request approval of _____ hours of advance sick leave to be used from _____
(beginning date)
through _____. My Social Security Number is _____ - _____ - _____.
(ending date)

2. Attached is a copy of my leave and earning statement (LES) and an original medical certificate signed by my doctor, with the exact dates of incapacitation and my expected date of return to duty. I have every intention of returning to work following this period.

3. I understand that if I leave federal service or do not return to work, I will be required to make a lump sum cash payment for any advance sick leave remaining on my account; or if I elect to have my retirement refunded upon my departure from federal service, the amount will be deducted from my retirement account.

(print or type employee's last name & first name)

(employee's signature)

AT__ -____ (1st endorsement)

(Date)

Request for advance sick leave is **approved / disapproved.**
(circle one)

(print or type supervisor's name)

(supervisor's signature)

AT__ -____ (2nd endorsement)

(Date)

Request for advance sick leave is **approved / disapproved.**
(circle one)

(print or type Dean's or Director's name)

(Dean's or Director's Signature)

Forward To:

**ATZP-CPAC
For Customer Service Representative**