

SICK LEAVE ADVANCE

Employees eligible to accrue sick leave, excluding indeterminate time and employees in the Scholars Program, may be granted an advance of two weeks of sick leave to cover their own illness or to care for an ill family member. A sick leave advance may only be granted to an employee who has less than 80 hours of sick leave accrued at the time of the request. When using sick leave, accrued sick leave will be used and exhausted prior to use of the advanced sick leave. The sick leave advance is effective the Sunday prior to the request date and can be used as early as the week requested; retroactive requests are not permitted.

Employee Name: _____

Employee ID: _____

Email Address: _____

Phone Number: _____

I am requesting two weeks of advanced sick leave due to my own illness or to care for an ill family member. Refer to HR Policy 303 Sick Leave for definition of “family member,” in the Family Sick Leave section.

I understand that as a condition of receiving a sick leave advance, I agree to repay the sick leave advance with offsets to future sick leave accrual beginning immediately. If I terminate employment prior to the total repayment of the sick leave advance I used, **I agree to repay the remaining unpaid balance at the time of termination at my final rate of pay.**

Unused sick leave advance amounts will be revoked at a date determined by LLNS.

Employee’s Signature

Date

Return form to: The Benefits Office via email at llnl-benefits@llnl.gov

OFFICIAL USE:

Verified sick leave hours _____

As of date: _____

Approved sick leave advance of 80 hours _____

Denied sick leave advance _____

Reason _____

Benefits Representative

Date