County of Fairfax
REQUEST FOR ADVANCE SICK LEAVE

Section A: Employee

Employee Name: _____ Department/Personnel Area: _____
PID: _____ Appt. Date: _____

I am requesting_____hours of advance sick leave.

- I need the leave to cover absences for my medical condition beginning on _____ and ending on_____.
- I am currently on FML or have exhausted my FML. ☐ Yes ☐ No
- My sick leave (accrued) will be exhausted as of COB_____.
- I do not have outstanding balances for any previously granted ASL. ☐ Yes ☐ No

_____ _____
Employee Signature Date

Section B: Department

Considering the following requirements:

- ☐ Employee has completed of one year of service;
- ☐ Employee's FMLA certification is on file;
- ☐ Employee's sick leave has been/will be exhausted as of COB_____; **AND**
- ☐ Annual and compensatory leave balances have been/will be reduced to 80 hours as of COB_____;

☐ Request for Advanced Sick Leave is approved in the amount of_____hours.
☐ Request for Advanced Sick Leave is denied.

Comments _____
_____

_____ _____
Department Head Signature Date

Attached:
☐ FMLA Notification for period of time for which ASL is being requested
☐ If FMLA has been exhausted, physician's certification of employee's inability to work (including dates)
☐ Signed Statement of Understanding from employee

Section C: Department of Human Resources

☐ Request for Advanced Sick Leave is approved in the amount of_____hours.
☐ Request for Advanced Sick Leave is denied.

_____ _____
Human Resources Director Signature Date

DISTRIBUTION: DHR for processing; Department file