

Advance Sick Time Off Request

Employee

Name: _____ M#: _____

Supervisor Name & Title: _____

Full-time Staff – An employee that works 40 hours per week, may be granted up to 96 hours of advance sick time off.

Part-time Staff – An employee that works 20 hours per week, may be granted up to 48 hours of advance sick time off.

Faculty – May be granted up to 80 hours of advance sick time off.

Policy: Leave Program 35003CP

Per policy, as a condition for the advancement of sick time off, the employee agrees that if the employee's employment with the College terminates before the employee has accrued the amount of sick time off that was used, the College is authorized to deduct the amount paid for the advance sick time off from the employee's final paycheck.

In the event the employee's final pay is insufficient to cover such indebtedness, the employee shall be billed for the remaining balance of such indebtedness and shall make arrangements for repayment to the satisfaction of the College.

I approve the advancement of _____ hours of sick time off.

Supervisor Signature: _____ Date: _____

I acknowledge the College repayment policy.

Employee Signature: _____ Date: _____

Form must be submitted to your assigned HR Leave Specialist at HRSTM