UNITED STATES
POSTAL SERVICE

REQUEST FOR ADVANCE SICK LEAVE

TO: SENIOR PLANT MANAGER DATE: _____

Employee Name _____ Pay Location _____

This is my request for: _____ hours of Advanced Sick Leave. The first day of advance

Sick leave to begin on: _____ and end on _____ at which time it is expected

I will be able to return to duty on _____(provide a return date)

I understand Advanced Sick Leave can be granted only in cases of serious disabilities or ailments. It is my intention to return to duty when permitted by a medical doctor. It is also understood this request must be supported by;

1. Medical Documentation of the illness is required.
2. PS Form 1221 Advanced Sick Leave Authorization
3. Form 3971 Request for or Notification of Absence
4. A letter from employee why advance sick leave is required and a return to work date.

I further understand this advance sick leave may be liquidated as sick leave is earned after my return to duty or upon my request by a charge of equivalent amount of annual leave.

_____ _____

Employee's Signature Mailing Address

After review of this employee's sick leave record, my recommendation is to:

_____ _____ CONCUR _____ NON-CONCUR _____

Immediate Supervisor **Date**

_____ _____ CONCUR _____ NON-CONCUR _____

Tour Manager **Date**

_____ _____ CONCUR _____ NON-CONCUR _____

Sr. MDO **Date**

_____ _____ CONCUR _____ NON-CONCUR _____

Sr. Plant Manager **Date**

State reason for non-concurrence: _____

UNITED STATES POSTAL SERVICE®

Advanced Sick Leave Authorization

INSTRUCTIONS: Original is sent to USPS Scanning and Imaging Center. Copy is sent to employee's official personnel folder after completion of employee's time entries.

Post Office, State, and ZIP Code		Date	Finance Number
Employee's Name *(Last, first, middle initial)*		Employee ID	Date Entered on Duty
Advanced Sick Leave Begins Date PP/YR	Advanced Sick Leave Ends Date PP/YR		Number of Hours Authorized
Advanced sick leave for above employee for dates and hours listed is hereby authorized. ▶	Signature of Installation Head	Telephone Number	Date

Remarks *(Do not enter medical information.)*