

# REQUEST FOR ADVANCED SICK LEAVE

Pursuant to Personnel Policy 12.4.B Pandemic Influenza



City of Bothell™

## TO BE COMPLETED BY THE EMPLOYEE REQUESTING THE LEAVE

*(This request for advancement must be submitted to Human Resources within five work days of return to work after illness.)*

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

I declare that I have no leave available and am requesting an advance of \_\_\_\_\_ hours sick leave (request must not exceed 24 hours) under the City's Pandemic Flu policy 12.4.B.

I acknowledge and agree that any sick leave advanced to me is considered a debt, and that beginning with the first pay period after the advancement is approved, I am required to repay the City of Bothell by applying my future sick leave accruals each pay period. I further understand and agree that if I should separate from service prior to the repayment of these advanced hours, that I authorize the City of Bothell to recover this debt, through a deduction from my final wages and/or any leave cash out owed to me at the time of separation.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## TO BE COMPLETED BY THE SUPERVISOR AND DEPARTMENT DIRECTOR

I verify that the employee, pursuant to Personnel Policy 7.3 and/or applicable collective bargaining agreement, provided proper notification of their absence on the date(s) listed above and that this request has not been made necessary in whole or in part due to any abuse of sick leave as defined in Personnel Policy 7.3.5.F by the employee.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

I recommend this request for advancement of sick leave.

\_\_\_\_\_  
Department Director's Signature

\_\_\_\_\_  
Date

## TO BE COMPLETED BY CITY MANAGER

I approve the advancement of sick leave.

I denied the advancement of sick leave.

\_\_\_\_\_  
City Manager Signature

\_\_\_\_\_  
Date

ROUTE TO HUMAN RESOURCES FOR PROCESSING