North Carolina Department of Commerce
Human Resources
Advancement of Leave Request Form

_____ _____
(Name) (Division/Commission)

I request an advance leave of:

_____ hours of annual leave (3 months maximum)
and/or
_____ hours of sick leave (3 months maximum)

_____ TOTAL HOURS ADVANCED

To be taken on the following dates: _____

I have read and understand the Department of Commerce policy on leave and will get prior approval from my immediate supervisor prior to exhausting any leave. I acknowledge that any inappropriate use of leave or failure to follow established leave procedures may result in formal disciplinary action.

I understand that these hours will be deducted from future earnings of vacation and/or sick leave hours from the current calendar year. In the event that I would separate from employment NC Department of Commerce for any reason prior to the repayment of these hours, I authorize Commerce to withhold from my final paycheck, an amount equal to the unpaid portion. If my final paycheck will not sufficiently cover the amount of advanced time, I agree to make payment directly to Commerce for the balance of the unpaid portion upon separation.

Please forward approved form to Deborah Wilkerson -Leave Administrator.

_____ _____
(Employee Signature) (Date)

_____ _____
(Manager/ Supervisor Approval) (Date)

_____ _____
(Human Resources Approval) (Date)

Revised February 14, 2007