



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Department of Administration
Division of Human Resources

Application for Sick Leave in Advance of Accrual

In accordance with Personnel Rule 5.0625, sick leave with pay may be granted in advance of accrual, but not in excess of 80 hours, when approved by the Appointing Authority. Sick leave with pay in an amount over 80 hours may be loaned to an employee in advance of accrual upon request of the Appointing Authority and approval of the Personnel Administrator provided that all sick and annual leave credits have been exhausted and the employee agrees that future accruals of sick leave shall be applied against such advance until the loan is repaid.

Upon termination of an employee's service, any such advance of sick leave not offset by subsequent accumulations of sick leave shall be deducted from any balance of vacation credits due him/her. Such request shall include a full explanation of the circumstances upon which the request is based.

In all such cases, satisfactory medical evidence is required in support of the request. In addition, length of service and attendance history is taken into consideration when reviewing such requests for approval.

Employee Name: _____ Title: _____

Department: _____ Division: _____

Account #: _____

Number of Hours Requested: _____ Date Accrued Hours Were Exhausted: _____

This is the [] 1st Request [] 2nd Request

By signing below, I acknowledge and agree to the following:

- (1) I understand that all my available leave balances must first be discharged;
(2) I understand that satisfactory medical evidence is required in support of all requests for sick leave in advance of accrual and will provide such satisfactory medical evidence in support of all requests;
(3) I understand that length of service and attendance history is taken into consideration when reviewing such requests for approval;
(4) I acknowledge that my future accruals of sick leave shall be applied against such advance until the balance is reimbursed; and
(5) Any debt remaining at the time of my separation from the State may be taken out of my final wages and any leave owed to me at the time of my separation. Further, this debt is enforceable until repaid, even after my separation from State service whether voluntary or involuntary.

Employee Signature

Date

Supervisor/Manager Signature

Date

FOR OFFICE USE ONLY

[] APPROVED FOR _____ HOURS

[] DISAPPROVED

Personnel Administrator, Office of Personnel Administration

Date

Submit this completed form with supporting medical documentation to your Human Resources Office