

UNIVERSITY OF RHODE ISLAND  
Office of Human Resource Administration  
REQUEST FOR SICK LEAVE ADVANCE

NAME:  SS#:   
TITLE:  DEPARTMENT:   
DATE OF HIRE:   
Total Amount of Advance Hours Requested

Approximate Dates: From  To

Reason for Request:

I realize that the borrowed time will be deducted from subsequent earned sick leave, and I have exhausted or will have exhausted all vacation, personal leave, sick leave, and compensatory time prior to using the borrowed leave. I also realize that if I terminate employment prior to earning sufficient sick leave to make-up any borrowed sick leave, I will be responsible for reimbursing the State for all hours left in a deficit balance.

\_\_\_\_\_  
Signature of Employee Date

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I certify that all vacation, personal leave, sick leave, and compensatory time will be discharged prior to the use of the advanced time and I approve this request.

\_\_\_\_\_  
Signature of Department Head Date

This request is:  
 APPROVED AS REQUESTED  
 APPROVED AS AMENDED  
 DISAPPROVED

Reason/Amendment:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Office of Human Resource Administration Date

Copy: Supervisor & employee  
Office of Human Resource Administration  
Payroll Office