



Office of the State Controller

Advanced Leave Application

Name: _____ Employee ID: _____

Leave requested for: Advance Vacation Leave
 Advance Sick Leave

Reason for Request: _____

Current Vacation Leave Balance: _____

Current Sick Leave Balance: _____

Current Bonus Leave Balance: _____

Employee's Authorization:

I, _____, have requested a Leave Advance. I acknowledge that the use of advanced leave represents a liability to my employer. Should I separate while there is still an outstanding advance, the value of that advance will be deducted from my final paycheck.

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Supervisor's Phone: _____

For Human Resources Staff Use Only

Accrual Rate: _____ Max Amount Allowed for Advance: _____

Advance Approved: _____ Advanced Denied: _____

Authorized Agency Representative: _____