

**APPLICATION FOR ADVANCED LEAVE  
ALEXANDER COUNTY**

NAME \_\_\_\_\_ EMP # \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

Due to \_\_\_ my prolonged catastrophic illness or injury; OR \_\_\_ the prolonged catastrophic illness or injury of my \_\_\_\_\_ (immediate family member), I have exhausted (or will exhaust) all of my accumulated annual leave, sick leave, compensatory time or bonus time as of \_\_\_\_\_.

This situation will require my continued absence from work for a period of approximately \_\_\_\_\_ days. I am requesting Advanced Leave totaling \_\_\_\_\_ hours. I understand Advanced Leave may not exceed 160 hours.

**Article VI, Section 11 a. Annual Leave: Advanced Leave**

When annual leave, compensatory time, and sick leave have been exhausted, annual leave may be advanced to an employee in good standing in special hardship cases due to catastrophic injury or illness of the employee or immediate family member. Annual leave may only be advanced to an employee who has at least one year of employment with the county and has received a positive rating on the most recent performance evaluation. Annual leave advanced in this manner may be used as sick leave, but the amount of leave advanced may not exceed 160 hours. Employees seeking advanced leave must complete the Advanced Leave Request Form, and *advanced leave must be approved by the county manager*. After returning to work, advanced annual leave will be “repaid” at the current annual leave rate earned by the employee. After returning to work following the advancement of leave, an employee may not use annual leave until the advancement has been repaid.

I have read, understand, and will abide by the guidelines concerning Advanced Leave as outlined in Article VI, Section 11a of the Alexander County Personnel Policy.

\_\_\_\_\_  
Signature of Requesting Employee

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
 **APPROVED**      ----       **DENIED**

\_\_\_\_\_  
Signature of County Manager

\_\_\_\_\_  
Date

