



ADVANCEMENT OF LEAVE FORM

Please complete all areas of the form.

Name (please print) UNMC PIN Circle status below Office/Service Other Faculty Managerial/Prof. Home address, zip code and phone number Employee campus address, zip code, phone number Dept Unit & zip code Employee Date of Hire F.T.E.% Manager/Supervisor's Name (please print) Supervisor's campus phone number & zip code

I acknowledge receipt of an advance of \_\_\_\_\_ hours of sick leave \_\_\_\_\_ hours of vacation leave TOTAL HOURS ADVANCED to be taken on the following dates: from \_\_\_\_\_ to \_\_\_\_\_

I understand that these hours will be deducted from future earnings of vacation and/or sick leave hours, and in the event that I would separate from employment at the University of Nebraska Medical Center for any reason prior to the repayment of these hours, I authorize UNMC 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 UNMC for the balance of the unpaid portion.

Reason for the advancement of leave:

- My own serious health condition
The serious health condition of my spouse, child or parent
An extraordinary, non-health-related personal crisis
Related to my Worker's Compensation claim

(Employee Signature) (Date) (Manager/Supervisor Approval) (Date) (Human Resources Approval) (Date)

The original must be sent to Human Resources – Employee Relations at erdocuments@unmc.edu or Zip 5470 for approval. A signed copy will be returned for department records. If you have any questions, please contact Employee Relations at 402-559-5827.