



HUMAN RESOURCES - EMPLOYEE RELATIONS ADVANCEMENT OF LEAVE FORM

Employee Name: _____ Employee ID: _____ FTE: _____
Employee Home Address, City and State: _____
Employee Phone Number: _____ Date of Hire: _____ College/Unit: _____
Department Name, Campus Zip Code, Phone Number: _____
Supervisor Name (Please Print): _____ Phone and Zip: _____
Check one: Faculty _____ Managerial/Professional _____ Office/Service _____ Other _____

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 document 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.