



Advanced Sick Leave Authorization

INSTRUCTIONS: Original to USPS Scanning and Imaging Center. Copy to employee's official personnel folder after completion of employee's time entries.

Post Office, State, and ZIP Code		Date	Finance No.
Employee's Name <i>(Last, first, middle initial)</i>		Social Security No.	Date Entered on Duty
Advanced Sick Leave Begins	Advanced Sick Leave Ends		No. Hours Authorized
Date PP/YR	Date PP/YR		
Advanced sick leave for above employee for dates and hours listed is hereby authorized. 	Signature of Installation Head	Telephone No.	Date

Remarks *(Do not enter medical information)*