




# 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		
<b>Advanced sick leave for above employee for dates and hours listed is hereby authorized.</b> 	Signature of Installation Head	Telephone No.	Date

Remarks (*Do not enter medical information*)