

REQUEST FOR ADVANCE LEAVE

PRIVACY ACT STATEMENT

PURPOSE: Information is collected to evaluate requests for advance leave.

AUTHORITY: 5 U.S.C. Chapter 61, Hours of Work, and Chapter 63, Leave.

ROUTINE USE(S): Data will be used for any of the blanket routine uses authorized in the system notice and published in the Federal Register on February 22, 1993, copy available at <http://www.defenselink.mil/privacy/notices/dla/S340-10-DLA-KM.html>.

DISCLOSURE: Participation in the DLA advance leave program is voluntary. However, failure to provide all data requested may result in disapproval of your applications.

DLA PRIVACY ACT SYSTEM NOTICE S340.10 DLA-KM applies to this collection.

PART I - TO BE COMPLETED BY EMPLOYEE

INSTRUCTIONS: Submit 1 Original. Upon completion of Part I, your Leave Approving Official must complete Part II, and then forward form to CSO team for completion of Part III.

NOTICE

1. If the request is for advance annual leave, the number of hours requested can not exceed the amount you will accrue by the end of this leave year.

2. An employee may be advanced ONLY an amount of sick leave that will not exceed, in the aggregate, more than 240 hours.

NAME (May be typed or printed):	OFFICE SYMBOL	TELEPHONE EXT.	
			INCLUSIVE DATES
TYPE OF LEAVE REQUESTED (If advance sick leave, attach a certification by your physician (OPM 71 or a Doctor's certificate.))		NO. OF HOURS REQUESTED	FROM
			TO

REASON(S) FOR REQUEST (Including, if applicable, justification for late submission):

I PLAN TO RETURN TO DUTY AND UNDERSTAND THAT IF I LEAVE THE FEDERAL SERVICE WHILE STILL INDEBTED FOR ADVANCE LEAVE, I WILL BE RESPONSIBLE FOR REPAYMENT TO THE FEDERAL GOVERNMENT FOR THE TOTAL AMOUNT THAT IS OUTSTANDING AT THAT TIME.

	SIGNATURE OF EMPLOYEE	DATE
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PART II - TO BE COMPLETED BY LEAVE APPROVING OFFICIAL

ANNUAL LEAVE BALANCE	SICK LEAVE BALANCE	AS OF (date)	STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PERMANENT <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY
ADVANCE LEAVE <input type="checkbox"/> APPROVED	<input type="checkbox"/> I certify that the above leave balances are correct according to DCPS or Defense Finance and Accounting Payroll Office payroll records: (This statement must be checked in all cases.)		
<input type="checkbox"/> DISAPPROVED	<input type="checkbox"/> I certify that employee disability, illness, or other emergency circumstances precluded advance approval of this request. (This statement must be checked in all cases where leave is being requested retroactively.)		

IF DISAPPROVED, STATE REASON(S):

TYPED NAME AND TITLE	SIGNATURE	DATE
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PART III - TO BE COMPLETED BY CUSTOMER SUPPORT OFFICE

FROM: CSOC-DCD	TO: DFAS-Pensacola Civilian Payroll	INFORMATION COPY TO:
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EMPLOYEE'S REQUEST FOR _____ HOURS OF ADVANCE _____ LEAVE

IS IS NOT OTHER: _____ IN CONSONANCE WITH APPLICABLE PERSONNEL REGULATIONS.

REMARKS

CUSTOMER ACCOUNT MANAGER (Typed Name)	SIGNATURE	DATE
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