




Advanced Sick Leave Authorization

INSTRUCTIONS: Original to USPS Scanning and Imaging Center, PO Box 9000, Sioux Falls SD 57117-9000.
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		Date
Remarks (<i>Do not enter medical information</i>)			