

**Pittsburg State University
Leave Advancement Form**

Employee Name: _____ Department: _____

To be completed by the employee:

Are you, the employee, ill? _____ Yes _____ No (If no, then who _____)
e.g. child, spouse

Describe illness/symptoms:

Date illness/symptoms started: _____

I, the undersigned Pittsburg State University employee, understand and agree that any amount of advanced leave that I use pursuant to the PSU Leave Advancement policy authorized by Executive Order 09-08 will be deducted from the sick leave, vacation leave and discretionary day I accrue. The deduction will begin with the first pay period following the pay period in which I have advanced leave, and will continue until such time as the total amount of hours of advanced leave I used has been deducted from the appropriate leave I accrue.

I further understand and agree that should I separate from Pittsburg State University service before I have accrued sufficient leave to equal the total amount of hours of advanced leave I used, the dollar amount of the remaining balance of hours that were not deducted from the leave I was to accrue will be deducted in a lump sum from the last paycheck I am scheduled to receive from the State of Kansas, for my current term of employment.

If PSU is unable to recover the full amount of advanced leave prior to my separation from employment from PSU, I agree to pay to the State of Kansas, as liquidated damages, an amount equal to the dollar value of any advanced leave that was not recovered.

I also agree to notify Human Resource Services of the date in which my illness/symptoms, in accordance with the Leave Advancement Policy, would have allowed me to return to work and of the date I actually returned to work, as well as the reason that both dates are not the same (i. e., illness of family member).

I understand that any misrepresentation of information regarding my illness/symptoms and/or leave usage may result in disciplinary action.

Employee Signature

Date

To be completed by the employee's supervisor:

The employee _____ does or _____ does not have a history of leave abuse. Provide comments if needed.

Department Head or Designee Signature

Date

To be completed by the Appointing Authority (if the request is from a classified employee) or the appropriate Vice President (if the request is from an unclassified employee):

The request for advanced leave _____ is approved or _____ is not approved. Provide comments if needed.

Appointing Authority or VP Designee Signature

Date

HRS/Payroll Use

of Hours of Leave Advanced: _____ Dates Covered: _____

HRS/Payroll

Date

Cc: Timekeeper