**DIVISION OF MILITARY AND NAVAL AFFAIRS**

**REQUEST FOR ADVANCED SICK LEAVE**

*(Proponent is MNHS. Prescribing Directive is DMNA Reg 690-1)*

To be eligible for Advanced Sick Leave, an employee must have been a permanent employee with at least one year of service with the Division. The employee must have a personal medical emergency or illness. The maximum allowable amount of Advanced Sick Leave an employee may receive is five working days. All advanced sick leave will be repaid as soon as practicable after the employee’s return to work. These credits are to be repaid from subsequent accumulations of vacation, compensatory time, holiday leave or sick leave. An employee may not be required to use personal leave for such payment.

**\*Please submit satisfactory supporting medical documentation with this form.**

**SECTION 1** To be completed by the employee. If an employee is incapacitated and is unable to initiate a request, the employee’s designee or appropriate supervisor may act in the employee’s behalf. Print clearly.

|  |  |  |  |
| --- | --- | --- | --- |
| NAME |  | TITLE |  |

|  |  |
| --- | --- |
| EMPLOYMENT LOCATION |  |

|  |  |
| --- | --- |
| \*HOME ADDRESS |  |

|  |  |
| --- | --- |
| \*HOME TELEPHONE |  |

|  |  |  |  |
| --- | --- | --- | --- |
| DATE |  | SIGNATURE |  |

|  |  |
| --- | --- |
| ADVANCED SICK LEAVE IS REQUESTED FOR THE PERIOD |  |

**SECTION 2** To be completed by employee’s Supervisor.

The employee’s attendance and/or work performance is satisfactory; I recommend approval for Advanced Sick Leave.

The employee’s attendance and/or work performance is not satisfactory; I do not recommend approval for Advanced Sick Leave.

|  |  |  |  |
| --- | --- | --- | --- |
| DATE |  | SIGNATURE |  |

**SECTION 3** (To be completed by State Human Resources Management)

Request for Advanced Sick Leave is approved disapproved:

|  |  |  |  |
| --- | --- | --- | --- |
| DATE |  | SIGNATURE |  |

*DMNA Form CP 8-1, 3 Oct 07.*

**-OVER-**

**DIVISION OF MILITARY AND NAVAL AFFAIRS**

**REQUEST FOR ADVANCED SICK LEAVE**

*(Proponent is MNHS. Prescribing Directive is DMNA Reg 690-1)*

When this form is complete, the original will be maintained in the State Human Resources Management directorate and a copy will be supplied to the employee and the supervisor.

Approval of a request for Advanced Sick Leave involves a review of the employee’s leave accruals, work history, and \*physician’s statements.

Attach any necessary documents, i.e., \*physician’s statements, employee’s last time card, and pertinent memorandums from employee and/or supervisor.

\*Satisfactory medical documentation will be furnished at the request of the Division.

Employees should contact State Human Resources Management, Health Benefits Administrator at 518-786-4715 if they have any questions.

\*Provisions of the Privacy Act of 1974, the New York State Privacy Protection Law and Health Insurance Portability and Accountability Act (HIPAA) apply to this form when you furnish your Home Address, Home Telephone Number and any medical information. This information is used to verify your current address and telephone number with that which we have on file. Any medical documentation provided will be used to substantiate your claim. Furnishing this information is completely voluntary, however failure to provide it may preclude approval of this request.

*DMNA Form CP 8-1, 3 Oct 07.*