



**FINANCIAL AFFAIRS - PAYROLL  
DEPARTMENT OF EDUCATION**

*Manuel F.L. Guerrero / Administration Building  
2nd Floor, Suite B-200  
Hagåtña, Guam 96932  
Telephone: (671) 300-1342, 1546, 1548 - 1555  
Fax: (671) 472-5009*



**Advance Sick Leave  
Request**

Date: \_\_\_\_\_

**MEMORANDUM**

To: Superintendent of Education  
From: Chief Payroll Officer  
Subject: Advance Sick Leave Request

The following employee is requesting ADVANCE SICK LEAVE:

\_\_\_\_\_  
Employee's Name 690-0  
Employee ID No.

School/Division: \_\_\_\_\_ Location Code: \_\_\_\_\_

For Pay Period Ending: \_\_\_\_\_ Date(s) Requested for: \_\_\_\_\_

ADVANCE SICK LEAVE is being requested for the following reason(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(**Note:** Doctor's Certification **MUST** be attached with the APPROVED Leave Form.  
In addition, Advance Sick Leave can only be requested for the actual employee's illness.)

Your immediate attention regarding this matter is greatly appreciated.

\_\_\_\_\_  
Supervisor's Signature Employee's Signature

[ ] APPROVED

[ ] DISAPPROVED

\_\_\_\_\_  
Superintendent of Education's Signature Date

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_