CIVILIAN REQUEST FOR EXTENDED LEAVE

NAVPERSCOM 12630/1 (Rev. 07-2011)

Supporting Directive COMNAVPERSCOMINST 5000.1 Articles 0230-140/200/240

INSTRUCTIONS:

1. Form must be FULLY completed. Forward original to the Civilian Personnel Payroll Unit (PERS-511), Whitten Bldg. 791. room B124.
2. COMNAVPERSCOMINST 5000.1, Articles 0230-140, 0230-200, and 0230-240 contains policies concerning non-routine leave request. It should be reviewed prior to requesting or recommending approval or disapproval of non-routine leave request.

Points To Be Considered

a. Effect of employee's absence on workload b. Employee's leave record. c. Seriousness of illness (in case of advance sick leave).
d. Use of accrued annual leave prior to advancing sick leave. e. Probability of return to duty.

PART I: TO BE COMPLETED BY REQUESTING EMPLOYEE

1. EMPLOYEE NAME:	2. PD TITLE:	
3. SERIES/GRADE:	4. PERS CODE:	5. PHONE NUMBER:

6. CHECK TYPE OF LEAVE REQUESTED AND THE NUMBER OF HOURS FOR EACH TYPE.

* *Doctors statement must be attached stating nature of illness or incapacitation and dates employee cannot work.*
Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the Family and Medica Leave Act. Medical certification of a serious health condition may be required by you agency.

ADVANCED ANNUAL LEAVE ☐	LEAVE WITHOUT PAY IN EXCESS OF 10 DAYS ☐	* ADVANCE SICK LEAVE ☐	OTHER ☐	* FMLA (I hereby invoke my entitlement to Family and Medical leave.) ☐
NUMBER OF HOURS	NUMBER OF HOURS	NUMBER OF HOURS	NUMBER OF HOURS	NUMBER OF HOURS

FAMILY AND MEDICAL LEAVE: If annual leave, sick leave or leave without pay will be used under the family and Medical Leave Act of 1993, Please provide the following information. ☐ Birth/Adoption/ Foster Care ☐ Serious health condition of spouse, son, daughter, or parent ☐ Serious health condition of self

7. PERIOD COVERED: FROM TO

Certification: I hereby request leave/approved absence from duty as indicated above and certify that such leave/absence is requested for purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification on this form my be grounds for disciplinary action, including removal.

8. This signature indicates that the above information is true and correct to my knowledge. In requesting advance leave, my intention is to return to work to repay the amount of advance hours.

EMPLOYEE SIGNATURE DATE

PART II: SUPERVISORY RECOMMENDATION

1. SIGNATURE OF 1ST LEVEL SUPERVISOR (IMMEDIATE):	DATE:	APPROVED ☐	DISAPPROVED ☐
2. SIGNATURE OF 2ND LEVEL SUPERVISOR:	DATE:	APPROVED ☐	DISAPPROVED ☐

PART III: TO BE COMPLETED BY PERS-511

SICK LEAVE HOURS:	ANNUAL LEAVE HOURS:	AWOL / LWOP HOURS:

PART IV: BUSINESS OPS / COMPTROLLER PERS-51

1. SIGNATURE OF BUSINESS OPS/COMPTROLLER:	DATE:	APPROVED ☐	DISAPPROVED ☐
2. SIGNATURE OF DIRECTOR HR, PERS 51:	DATE:	APPROVED ☐	DISAPPROVED ☐

3. COMMENTS:

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