



NEBRASKA DEPARTMENT OF EDUCATION

Leave Advancement/Leave Without Pay Request Form

Name:		Date:
Position:	Leadership Council Member:	
NDE Hire Date:	Supervisor:	

- Employees with six months of NDE service may request advancement of sick leave in an amount not to exceed that which the employee would earn in the following three month period and may only request it once every three months.
- Employees with six months of NDE service may request advancement of vacation leave in an amount not to exceed that which the employee would earn in the following three month period and may only request it once every three months. For employees with more than five continuous years of service and with no record of leave abuse, request for vacation leave advancement of 30 hours or less shall not be unreasonably denied.
- The three month advancement period begins from the date of first use of the advancement.
- If at the end of the advancement period the employee has not earned back the advanced leave (sick or vacation) used, another request for advancement of leave cannot be approved until the employee has earned back the advancement.
- Employees may want to request the full amount of advancement available even if they do not need to use it all. Only the amount needed will be applied and the remainder will be available for use in the three months following the date of first use.
- The completed form must be submitted to your Supervisor and then LCM for approval or denial, preferably in advance of the need for use of the leave advancement or leave without pay. (If LCM is also the Supervisor then Supervisor Signature is not needed)
- The LCM should submit the form to the Human Resources Office.

I am requesting:

_____ Hours of Sick Leave Advancement for the following dates (if known)_____.
(May request up to the amount that would be earned in the following 3 month period.)

_____ Hours of Vacation Leave Advancement for the following dates (if known)_____.
(May request up to the amount that would be earned in the following 3 month period.)

_____ Hours of Leave Without Pay for the following dates_____.
(May be granted outside of FMLA when all other leave has been exhausted. However, leave without pay is discouraged and should not be requested/granted on a regular basis.)

Acknowledgment:

Pursuant to *Neb. Rev. Stat. 48-1230*, I hereby agree and authorize NDE, as my employer, to deduct and withhold from any wages due to me the amount needed to reimburse NDE all used but unearned sick and/or vacation leave, (e.g., advanced sick or vacation leave I used but that I never accrued as of the date of my termination from NDE employment). This reimbursement will be by deduction from my final pay check, up to and including the entire amount due and payable to me in that final pay check. In the event the amount due and payable to me in that final pay check is not sufficient to fully reimburse NDE, I hereby agree that I will provide and NDE will receive from me the additional amount needed to fully reimburse NDE within ten (10) calendar days of the effective date of my termination or resignation from NDE's employment.

Employee's Signature:	Date:
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Approval/Denial:

Supervisor's Signature:	Date:
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Recommends Approval Does not recommend Approval
 Comments:

Leadership Council Member Signature:	Date:
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Approved Denied
 Comments: