



# FINANCIAL AFFAIRS - PAYROLL DEPARTMENT OF EDUCATION

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JUDITH T. WON PAT, Ed.D.  
Acting, Superintendent of Education

## Advance Sick Leave Request

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

### MEMORANDUM

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

The following employee is requesting ADVANCE SICK LEAVE:

_____ Employee's Name	_____ 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 to the APPROVED Leave Form.

In addition, Advance Sick Leave may only be requested for the actual employee's illness.)

Your immediate attention regarding this matter is greatly appreciated.

_____ Supervisor's Signature	_____ Employee's Signature
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[ ] APPROVED

[ ] DISAPPROVED

_____ Deputy Superintendent of Education's Signature	_____ Date
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Comments: \_\_\_\_\_