



Human Resources & Payroll
4400 University Drive, MS 3C3, Fairfax, Virginia 22030
Phone: 703-993-2600; Fax: 703-993-2601

MEDICAL ADVANCE LEAVE REQUEST FORM

This form is to be used by 12 – month faculty to request an advance to annual or tradition sick (non-VSDP) leave when on an approved leave (including FMLA).

(Please note: If you separate from George Mason University before this leave accrues, you will owe money to the university.)

G#	NAME
DEPARTMENT	

ANNUAL LEAVE HOURS REQUESTED	 _____ (must be in 8 hour increments) (Please note: If you separate from George Mason University before this leave should have been accrued you will owe money to the university)
SICK LEAVE HOURS REQUESTED	 _____ (must be in 8 hour increments) (Please note: If you separate from George Mason University before this leave should have been accrued you will owe money to the university)

I am certifying that I have used my annual leave and have submitted electronic timesheets during the past year.

Signature of Employee

Date

Approvals Required	Signature	Date
SUPERVISOR		
ASSOCIATE VP HR & PAYROLL		

Please forward the completed form to HR & Payroll, MSN 3C3 or fax to (703)993-2601.