

**CITY OF DOTHAN
APPLICATION FOR ADVANCED SICK LEAVE**

TO BE FILLED OUT BY EMPLOYEE

I, _____ Employee ID Number _____,
an employee of the _____ Department, request advanced (to borrow)
sick leave. I agree to reimburse the City for all advanced sick leave as stated in Personnel Rules and Regulations
(Regulation IX, §9-60.(11)). Below is my doctor's certification of my illness, and the number of working days I need
advanced.

Employee's signature: _____ **Date:** _____

**Required to Support Advanced Sick Leave
TO BE FILLED OUT BY EMPLOYEE'S PHYSICIAN**

**DOCTOR'S CERTIFICATE
(20 Working Days Maximum Allowed)**

I hereby certify that _____ is under my professional care for treatment of
_____. Said patient's present condition is such that disables
him/her from work in the position of _____ for an estimated period of
_____ working days. I recommend this employee be granted sick leave for the number of days indicated
or until such time that he/she is released by the undersigned for full time duty.

Signature of Physician: _____ Date: _____

Physician Name: (Please print or type) _____

Physician Speciality: _____

Address: _____

_____ Telephone: _____

TO BE COMPLETED BY DEPARTMENT HEAD

After reviewing the complete attendance summary for the proceeding twelve months (copy attached) for this
employee, this request for an advance of sick leave hours is: **APPROVED** **DENIED**

Department Head: _____ **Date:** _____

If approved: Date Advanced Sick Leave authorized to begin: _____ # of hours: _____

TO BE COMPLETED BY PERSONNEL DEPARTMENT

Request: **Approved** **Denied** **Personnel Director:** _____ **Date:** _____

ROUTE ORIGINAL: PERSONNEL DIRECTOR
 PAYROLL
 201 FILE

COPY: ASSISTANT PERSONNEL DIRECTOR
 DEPARTMENT HEAD
 EMPLOYEE
 DEPARTMENT PAYROLL CLERK