



*State of Wyoming Military Department  
5410 Bishop Boulevard  
Cheyenne, Wyoming 82009-3320*

TODAY'S DATE

MEMORANDUM FOR Colonel P. Nicole Chavez, HR Officer, WYMD

SUBJECT: Advanced Sick Leave Request

1. I, EMPLOYEE NAME am requesting HOURS of ANNUAL OR SICK Leave beginning PAY PERIOD .  
I currently AM/AM NOT in a Temporary Position or in a Probation Period.

- |                                                     |                                                                                    |
|-----------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> Medical Emergency          | <input type="checkbox"/> Care for a Family Member with a Serious Medical Condition |
| <input type="checkbox"/> Adoption of a Child        | <input type="checkbox"/> Other: _____                                              |
| <input type="checkbox"/> Family Care or Bereavement |                                                                                    |

2. DETAILED JUSTIFICATION FOR REQUEST. I have attached medical documentation. If approved, I understand that all other types of leave must be exhausted prior to using advanced leave. I understand that the amount of leave advanced must be repaid prior to separating from this agency or I will owe a debt, unless separation is due to a disability.

EMPLOYEE'S SIGNATURE  
RANK/TITLE

IMMEDIATE SUPERVISOR  
RANK/TITLE

P. NICOLE CHAVEZ, Colonel, WYMD  
HR Officer

Human Resources Specialist