

# REQUEST FOR ADVANCE USE OF ACA CERTIFIED ONLY

**To: Executive Director, Human Resource Services**

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

Due to a serious illness, I \_\_\_\_\_,  
Employee Name (Please Print)

Employee ID no. \_\_\_\_\_, request to use \_\_\_\_\_ of Authorized  
# of hours

Compensatory Absences in advance of earning them as outlined in the *Certified Meet & Confer*.

**Explanation:**

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(if more space is needed, please continue on back of form)

**I have attached the appropriate documentation (i.e. doctor's note, etc.)**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**I recommend approval of this request**

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

**Please forward to Human Resource Services**

Human Resource Services:                      **APPROVED** \_\_\_\_\_ **NOT APPROVED** \_\_\_\_\_

\_\_\_\_\_  
Executive Director /Designee Signature

\_\_\_\_\_  
Date