



2. Is a certification of the medical emergency from one or more physicians, or other appropriate expert(s), with respect to the medical emergency attached?

YES  NO

3. Has the employee requested advanced leave to cover the period of absence anticipated for the medical emergency?

YES  NO

4. Has the employee exhausted all paid leave that can be utilized for the period of absence because of the medical emergency (shown below)?

Annual Leave  YES  NO

Sick Leave  YES  NO

Compensatory Time  YES  NO

Personal Leave (If Applicable)  YES  NO

Advanced Leave  YES  NO

5. Certifying Official:

Name and Title (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

(Date)

**TO BE COMPLETED BY THE D.C. DEPARTMENT OF HUMAN RESOURCES**

1. Decision on application to become a leave recipient:

Approved; \_\_\_\_\_ Number of hours

Disapproved (Reason(s) for disapproval is explained below)

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. The dollar value of the annual leave to be received is: \$ \_\_\_\_\_. (The dollar value of the annual leave is determined by multiplying the recipient's hourly rate of pay by the number of annual leave hours received.)

3. Approving Official

Name and Title (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

(Date)

**Distribution: Original** – DCHR Annual Leave Bank Administrator; **Copy** – Employee; **Copy** – Agency HRA