GOVERNMENT OF THE DISTRICT OF COLUMBIA
D.C. Department of Human Resources

District Personnel Manual Issuance System

This bulletin should be filed behind the divider for Part III of DPM Chapter(s) **12**

DPM Instruction No. 12-40

SUBJECT: Issuance of Revised *D.C. Standard Form No. 1199, Request for Advance Leave or Leave Without Pay*

Date: October 17, 2008

1. Purpose

The purpose of this District Personnel Manual (DPM) instruction is to issue an updated *D.C. Standard Form (DCSF) 1199, Request for Advance Leave or Leave Without Pay.*

2. Authority

Section 1237, *Annual Leave – Advancing*, of Chapter 12 of the D.C. personnel regulations, *Hours of Work, Legal Holidays, and Leave*; and section 1267, *Leave Without Pay*, of Chapter 12 of the regulations.

3. Applicability

This instruction is applicable to District government agencies under the personnel authority of the Mayor (subordinate agencies).

4. Form

a. *DCSF 1199* (copy attached) is utilized to record requests for advance annual or sick leave, or LWOP.

b. *DCSF 1199* may be reproduced by agencies, and will be used as the official written notification required for the purposes specified in this instruction.

c. The distribution of *DCSF 1199* is as follows:

- Original – Employing agency (appropriate staff person)
- One (1) copy – Employee
- One (1) copy – Official Personnel Folder (OPF)
- One (1) copy – Office of Pay and Retirement Services (OPRS)

Note: DPM Instructions that are strictly procedural in nature have direct applicability only to agencies and employees under the personnel authority of the Mayor. Other personnel authorities or independent agencies may adopt any or all of these procedures or guidance materials for agencies and employee under their respective jurisdictions. [See DPM Chapter 2, Part II, Subpart 1, §1.3]

Inquiries: Policy and Planning Administration, DCHR (202) 442-9700
Distribution: Heads of Department and Agencies, HR Advisors, and DPM Subscribers
Retain Until Superseded

- One (1) copy – D.C. Department of Human Resources (DCHR), Benefits and Retirement Administration

d. Employees in subordinate agencies may obtain copies of *DCSF 1199* from their agency Human Resources (HR) Advisor, or by accessing the DCHR's Intranet website at www.dcop.in.dc.gov.

5. Responsibilities

a. D.C. Department of Human Resources

(1) Disseminate the revised *DCSF 1199* to subordinate agencies; and

(2) Respond to any questions pertaining to requests for advance leave and the use of *DCSF 1199*.

b. Agency Human Resources Advisors

(1) Immediately disseminate the revised *DCSF 1199* among appropriate agency staff;

(2) Inform appropriate agency staff that any *DCSF 1199* issued prior to the date of this instruction shall no longer be utilized (and must be discarded); and that the revised *DCSF 1199* is to be utilized from now on; and

(3) Respond to any questions pertaining to requests for advance leave and the use of *DCSF 1199*.

Brender L. Gregory
Director

Attachment:

- *D.C. Standard Form No. 1199, Request for Advance Leave or Leave Without Pay* (Rev. 10/08)

Print Form

GOVERNMENT OF THE DISTRICT OF COLUMBIA
D.C. Department of Human Resources

Request for Advance Leave or Leave Without Pay

TO: _____ **DATE:** _____

I, _____ an employee of the _____
(Organizational Unit)

within the _____, request an advance of _____ hours of
(Department or Agency)

leave to include the following:

_____ Hours of **Annual Leave** _____ Hours of **Sick Leave** _____ Hours of **Leave Without Pay (LWOP)**

The leave will begin on _____ and end on _____. The reason(s) for this request is/are:

_____

_____

EMPLOYEE ID NO. _____ **ORGANIZATIONAL CODE:** _____

☐ *Check here if a medical certificate from your physician is attached to the DCSF 1199 form. A medical certificate must be included if your request is for medical reasons.*

I understand that I am expected to return to duty on the first work day following the expiration of this leave or to notify my supervisor at least one (1) week before this leave request expires of the reason(s) why I am unable to return, and to specify the earliest date I shall return to work. **I UNDERSTAND THAT IF I FAIL TO DO EITHER OF THE ABOVE ACTIONS, I MAY BE PLACED IN AN ABSENCE WITHOUT LEAVE (AWOL) STATUS. I ALSO UNDERSTAND THAT I AM RESPONSIBLE FOR PAYING MY SHARE OF THE HEALTH BEENFITS CONTRIBUTION DURING THE TIME I AM ON LEAVE WITHOUT PAY, OR THERE IS INSUFFICIENCY SALARY TO COVER MY HEALTH BENEFITS CONTRIBUTION.**

_____
(Employee Signature)

EMPLOYMENT RECORD INFORMATION

Title of Position: _____ EOD Date (w/Department/Agency): _____

Series and Grade: _____ Health Benefits Code: _____

Present Leave Balance: Annual Leave _____ Sick Leave _____

Leave Used (Current Year): Annual Leave _____ Sick Leave _____ LWOP _____ AWOL _____

Previous Leave advances (Current Year): Annual Leave _____ Sick Leave _____ LWOP _____

Total Service: District Government: **Years:** _____ **Months:** _____ Federal Government: _____ **Years:** ____ **Months:** _____

_____
Signature of HR Advisor or Time and Attendance Representative

(Over)

RECOMMENDATION – SUPERVISOR

Recommendation of Supervisor:

☐ APPROVE ☐ DISAPPROVE Dates: From _____ to _____

_____
Signature of Supervisor

FINAL DETERMINATION – AGENCY HEAD

Final Determination:

☐ APPROVED ☐ DISAPPROVED Dates: From _____ to _____

_____
Signature of Agency Head (or Designee)

Distribution: **Original** – Employing Agency; **Copy** – Employee; **Copy** – OPF; **Copy** – OPRS; **Copy** – DCHR Benefits