GUAM WATERWORKS AUTHORITY

EMPLOYEE LEAVE REQUEST FORM

NAME (First, Middle, Last)	PAYROLL NO.	DATE THIS REQUEST

Type of Leave Requested (Check One):

SICK ☐	ANNUAL ☐	LEAVE W/OUT PAY ☐	COMPT-TIME OFF ☐	OTHER (*SPECIFY*):

PAY STATUS		HOURS		TOTAL NO. OF HOURS
W/PAY ☐	W/OUT PAY ☐	WITH PAY: ☐	WITHOUT PAY: ☐	

FROM (Hour, Month, Day, Year)	TO (Hour, Month, Day, Year)	CHARGE ALLOTMENT ACCT. NO.

ADDRESS WHILE ON LEAVE

APPLICATION FOR PREPAYMENT OF VACATION LEAVE

Minimun requirement is not less than ten (10) consecutive work days. It is understood that if I return to duty before the expiration of my perpaid vacation, I shall reimburse the Government in an amount equivalent to the unexpired portion of the prepaid leave.

FROM (Hour, Month, Day, Year)	TO (Hour, Month, Day, Year)	TOTAL HOURS PREPAID

SICK LEAVE CERTIFICATION

IN COMPLIANCE WITH GWA PERSONNEL RULES AND REGULATIONS, Chapter 8.210, AN EMPLOYEE WHO IS ABSENT **IN EXCESS OF THREE CONSECUTIVE DAYS** BECAUSE OF ILLNESS, INJURY OR QUARANTINE, OR FOR THE DAY **IMMEDIATELY BEFORE OR AFTER A HOLIDAY**, **WEEKEND**, **DAY OFF**, OR **WHILE ON VACATION**, MAY BE REQUIRED TO FURNISH A CERTIFICATION AS TO THE INCAPACITATION BY A LICENSED PHYSICIAN OR FURNISH OTHER ADMINISTRATIVELY ACCEPTABLE EVIDENCE. THE DEPARTMENT HEAD MAY REQUIRE CERTIFICATION FOR SUCH OTHER PERIODS OF ILLNESS HE DEEMS ADVISABLE. IF THE CERTIFICAITON REQUIRED IS NOT FURNISHED, ALL ABSENCE WHICH WOULD HAVE BEEN COVERED BY SUCH CERTIFICATION SHALL BE INDICATED ON THE PAYROLL AS LEAVE OF ABSENCE **WITHOUT PAY.**

I CERTIFY THAT THE ABOVE NAMED PERSON WAS UNDER MY PROFESSIONAL CARE OR QUARANTINED DURING THE PERIOD STATED BELOW. FROM A MEDICAL STANDPOINT, HIS CONDITION DURING THIS PERIOD WAS SUCH THAT CONSIDERED IT INADVISABLE FOR WORK.

FROM (Month, Day, Year)	TO (Month, Day, Year)	HOSPITALIZED? ☐ yes ☐ no	NO. DAYS

REMARKS

NAME OF PHYSICIAN (Print or Type)	(Signature of Physician & Date)

(Signature of Employee & Date)

I CERTIFY ALL STATEMENTS MADE ARE TRUE AND CORRECT.

☐ APPROVED ☐ DISAPPROVED (Signature of Supervisor)

☐ APPROVED ☐ DISAPPROVED (Signature of appointing authority or authorized designee)