

**SMITHSONIAN ASTROPHYSICAL OBSERVATORY
ADVANCE LEAVE AGREEMENT**

I, _____ the undersigned employee of the Smithsonian Astrophysical Observatory, hereby request an advance of annual or sick leave in the amount of _____ hours
(You must indicate which type of leave you are requesting or the request cannot be processed.)

It is expressly understood and agreed that the Smithsonian Astrophysical Observatory, in granting all or any part of the requested advance, is making a loan to me to the extent of the dollar value of the hours advanced. Accordingly, I acknowledge and agree that I am incurring a debt, which I am legally obligated to repay, unless the indebtedness is waived because of my death or separation due to disability.

I understand and agree that repayment ordinarily will take the form of crediting to the advance leave account all additional hours of leave I subsequently earn while employed until the advance is repaid. In the event that repayment by crediting subsequent leave earned is not accomplished, I agree to repay, at the pay rate in effect at the time leave was taken, the actual dollar value of any balance of leave hours advanced but not repaid.

I also understand and agree that the Smithsonian Astrophysical Observatory may deduct from any paycheck(s) or any other funds held by the agency for the account of the employee, the amount of unpaid indebtedness, and herein authorize the agency to do so.

I understand that this agreement may be enforced through any and all proper legal means.

Supervisory recommendation: _____
Employee signature/date Approve Disapprove

*Decision: _____
Supervisor signature/date Approve Disapprove

Signature/date

Reasons for denial: _____

*Advance leave of more than 40 hours requires approval of the Director, Human Resources.