

**KETCHIKAN GATEWAY BOROUGH  
REQUEST FOR TIME OFF OR ADVANCE PAY**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Regular  Probationary

Department: \_\_\_\_\_

**Time Off Request**

**Advance Pay or Leave Buy Out Request**

<p><b>Note:</b> Employee must have the total time requested available at the time of submission of this request.</p> <p align="center"><b>Total days AND hours requested</b></p> <p>Days: _____ and Hours: _____</p> <p>Beginning on _____ at _____ am/pm Ending on _____ at _____ am/pm</p> <p>PTO <input type="checkbox"/> FLOAT <input type="checkbox"/> OTHER <input type="checkbox"/> _____</p> <p>LWOP <input type="checkbox"/> A written explanation for LWOP is required. Use an additional sheet if necessary.</p> <p>MILITARY LEAVE <input type="checkbox"/> A copy of military orders must be attached to this leave request.</p> <p>FMLA <input type="checkbox"/> FMLA leave must run concurrently with any available PTO. An FMLA application for a qualified use must have prior approval by the Department Head and the Manager.</p>	<p><input type="checkbox"/> Amount of \$ _____ to be deducted from next paycheck. (Not to exceed net earned).</p> <p><input type="checkbox"/> Regular semi-monthly net salary/wage.</p> <p><input type="checkbox"/> Pay due per attached time sheet.</p> <p><input type="checkbox"/> Leave Buy Out (LVBO): _____ Number of Hours Requested</p> <p><input type="checkbox"/> I would like to pick up my check in Admin. Services on: _____ date &amp; time</p>
<p><b>Advance pay requests may be processed for the following reasons only:</b></p> <ol style="list-style-type: none"> <li>1. In conjunction with vacation;</li> <li>2. In a documented emergency situation; or</li> <li>3. For educational purposes (if training pertains to job).</li> </ol>	

**After-the-fact requests for time off are required for all unplanned absences (including PTO used for illness or emergency) and must include a reason for the absence in the remarks/reason section below.**

**REMARKS/REASON**


**DISCLAIMER**

Department Heads and Supervisors are signing future leave requests with verification that the employee has sufficient leave at this time to cover this request. PTO is NOT authorized, and LVBO/LWOP will not be approved, if the employee's subsequent leave usage reduces PTO balance below that needed for this request.

Employee Signature: \_\_\_\_\_ Supervisor Approval: \_\_\_\_\_

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

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

Manager: \_\_\_\_\_

HR Department: \_\_\_\_\_

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

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

(Note: Manager signature necessary only for Advance Pay, LVBO, LWOP, Military Leave or Manager-supervised employees)