



ILLINOIS

ADMINISTRATIVE & REGULATORY SHARED SERVICES CENTER

101 West Jefferson Street, 5-110, Springfield, IL 62702

Request for Sick Advance

Instructions: Employees should complete this form and forward to the appropriate supervisor. The completed signed form should be sent to the Timekeeping Section of the A & R Shared Services Center.

Employee Name/ Agency: Print

XXX-XX-_____
Last four digits of Social Security Number

Employee Signature

Number of days requested - up to 10

For the following reason(s):

Date Approved

Date Denied

Signature

Supervisor: _____

Division Manager*: _____

Program Manager*: _____

Director*: _____

Secretary*: _____

* If applicable for your agency.

