



Advanced Sciences and Technologies, LLC

20 East Taunton Road, Suite 301

Berlin, NJ 08009

Phone: 856-719-9001 / Fax: 856-719-9007

www.adv-sci-tech.com

Advanced Vacation/Sick Time

TO: Payroll Department

SUBJECT: Advanced Vacation/Sick Time

DATE: _____

The undersigned employee agrees to pay back to Advanced Sciences and Technologies, LLC the vacation or sick hours advanced if employment is terminated before the advanced vacation or sick hours are accrued. Approval must be obtained prior to employee taking the advanced hours.

Please complete the following:

EMPLOYEE NAME: _____

TIME SHEET P/E: _____

TYPE OF HOURS: VACATION OR SICK

Manager must complete both columns even if employee is not requesting both types of hours.

VACATION	
Vacation Hours Balance:	_____
Plus Vacation Hours Advanced:	_____
New Vacation Hours Balance:	_____

SICK	
Sick Hours Balance:	_____
Plus Sick Hours Advanced:	_____
New Sick Hours Balance:	_____

Employee Signature

Print Employee Name

MANAGEMENT APPROVALS:

Manager

Date

Sr./Division Manager

Date

Sr. Executive Vice President/COO

Date

President/CEO

Date