

KANSAS STATE UNIVERSITY  
ADVANCED LEAVE AGREEMENT

I, the undersigned employee, understand and agree that any amount of advanced leave that I use, pursuant to the State of Kansas Leave Advancement policy authorized by Executive Order 09-08 will be deducted from the sick and vacation leave and discretionary day I accrue as an employee of the State of Kansas, beginning with the first pay period following the pay period in which I use advanced leave, until such time as the total amount of hours of advanced leave I used have been deducted from my future leave accruals.

I further understand and agree that should I separate from Kansas State University service before I have accrued sufficient leave to equal the total amount of hours of advanced leave I used, the dollar amount of the remaining balance of hours that were not deducted from the leave I was to accrue will be deducted as a lump sum from the last paycheck I am scheduled to receive from the State of Kansas, for my current term of employment.

I agree to pay to the State of Kansas, as liquidated damages, an amount equal to the dollar value of any advanced leave I received which was not recovered prior to my separation from employment with Kansas State University.

\_\_\_\_\_  
Employee Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Approval Signature

\_\_\_\_\_  
Date