

REQUEST FOR ADVANCED SICK LEAVE
for BARGAINING UNIT MEMBERS
University of Maryland, College Park

PART I *(To be completed by the employee)*

Date: _____
Name: _____ **Unit:** _____
UID: _____ **Title:** _____
Date University System employment began: _____
Regular Employee at least 50%?
Total years of service: _____ **Have you passed probation?:** ____ Yes ____ No
Are you receiving temporary total disability benefits from the Worker's Compensation Commission or "accident leave" for the absence?: ____ Yes ____ No
Date absence from duty began: _____ **Probable date you will return to work:** _____

IMPORTANT: Attach a medical certificate from your medical provider (with the title and original signature) which *MUST* include the following specific information: a statement that you are required to be absent from work due to illness, injury, or disability, the duration of your absence from work, and the prognosis of your ability to return to work.

I acknowledge and agree that any sick leave advanced to me is considered a debt and that upon my return to work I am required to repay the University by applying, at a minimum, one-half of my sick and annual leave earnings each pay period. I understand that, in addition to the minimum payback, I may elect to pay back the advanced sick leave debt by applying any earned leave or by reimbursing the University with cash. *Any debt remaining at the time of my separation from the University may be taken out of my final wages and any leave owed to me at the time of my separation. Further, this debt is enforceable until repaid, even after my separation from University service whether voluntary or involuntary.*

Date: _____ **Employee Signature:** _____

PART II *(To be completed by the department)*

Number of days being requested: _____
Date on which all earned leave will be exhausted. (All paid leave, including annual, sick, personal and compensatory leave - if applicable, must be exhausted before advanced sick leave can be granted): _____

Has the employee been granted advanced sick previously? ____ No ____ Yes (Please indicate when and for how many days) _____. **Has debt been completely repaid?** ____ Yes ____ No

Supervisor responsible for completing and approving employee's timesheet:

Name: _____ **Phone number:** _____

PART III

Recommendation of Department Chairperson: [] Approved [] Disapproved (state reason)

Date: _____ **Signature:** _____

PART IV

Action of Director of University [] Approved - Number of days approved: _____
Human Resources: [] Disapproved (state reason) _____

Date: _____ **Signature:** _____