

REQUEST FOR EXTENDED SICK LEAVE
University of Maryland College Park

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

Date: _____

Name _____

Unit _____

UID # _____

Title _____

Date University System employment began _____

Total years of service: _____ (must have at least five years of service)

Regular Employee at least 50%? _____ 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.

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

Number of months being requested: _____

Date on which all paid leave will be exhausted. (All leave, including annual, sick, personal and compensatory leave – if applicable – and advanced sick leave must be exhausted before extended sick leave can be granted): _____

Does the employee have a satisfactory record of work performance? _____ Yes _____ No
(Explain): _____

Does the employee have a satisfactory record of sick leave usage? _____ Yes _____ No
(Explain): _____

Has the employee been granted sick leave previously? _____ Yes _____ No

If yes, please indicate when and for how many months: _____

PART III

Recommendation of Department Head/Chairperson: [] Approved [] Disapproved

If disapproved (state reason): _____

Date: _____

Signature: _____

PART IV

Action of Director of University Human Resources:

[] Approved Number of months approved: _____

[] Disapproved (state reason): _____

Date: _____

Signature: _____

