

TO: Director, USM Human Resources
FROM:
DATE:
SUBJECT: USM Leave Reserve Fund Request

Consistent with the USM BOR VII – 7.11 Policy on Leave Reserve Fund (LRF) for Administrative and Classified Employees, this is the institution’s confirmation and approval of an employee’s use of the LRF. Please verify the employee’s eligibility and approve the transfer of the appropriate amount of leave from the LRF.

PART I: EMPLOYEE INFORMATION AND CONFIRMATION OF EMPLOYEE’S ELIGIBILITY FOR USE OF LRF (to be completed by Chief Executive Officer or designee)

Name: _____ Position Title: _____

Institution: _____ Department: _____

Is the employee a regular full-time or regular part-time employee who is working 50% or more?

Has the employee completed at least one year of USM service?

Number of months of creditable service:

Has the employee used all available: sick leave, advanced sick leave, extended sick leave, personal leave, compensatory leave? Date on which all leave was used:

Has the employee provided appropriate and applicable authentication of his/her medical condition and his/her probable date of return to work from his/her licensed or certified medical provider? Probable date of return:

Has the employee provided adequate justification for the number of days requested?

Is the employee’s medical disability temporary?

Does the employee have a record of satisfactory work performance?

| YES | NO |
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Comments:

SIGNATURE TITLE DATE

PART II: INSTITUTION APPROVAL (to be completed by Chief Executive Officer or designee)

Based upon information contained in Part I, and applicable medical documentation I hereby approve this use of the Leave Reserve Fund in the amount of _____ days to cover the period from _____ and including _____.
mm/dd/yy mm/dd/yy

Comments:

SIGNATURE TITLE DATE

PART III: USMH VERIFICATION OF ELIGIBILITY AND AUTHORIZATION OF TRANSFER OF LEAVE (to be completed by the USM Director of Human Resources or designee)

() Transfer of leave as submitted () Transfer of Leave with modifications () Transfer of Leave denied

SIGNATURE TITLE DATE