

**Department of Human Resources**

University of Maryland, Baltimore County  
 1000 Hilltop Circle  
 Administration Building, 5th Floor  
 Baltimore, Maryland 21250

GENERAL INFORMATION: 410-455-2337

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www.umbc.edu

## POLICY FOR ADVANCED SICK LEAVE

This policy governs the use of advanced sick leave and applies to all regular exempt and non-exempt employees. An exempt or non-exempt employee who sustains a temporary, recoverable illness, injury or serious disability may request advance use of sick leave subject to the following conditions:

The employee must:

1. have completed six months of continuous USM service;
2. have completed an original probation period, of applicable;
3. have exhausted all other types of accrued leave; and
4. have a satisfactory record of sick leave usage and work performance.

Advanced sick leave is **not** an entitlement. The granting of requests for advanced sick leave shall be at the discretion of the Department of Human Resources. Advanced sick leave shall not be granted in instances where the illness or injury or disability occurred on the job, and the employee has been granted accident leave or temporary total disability benefits by the Workers' Compensation Commission.

Written requests for advanced sick leave shall be submitted to the Department of Human Resources and shall be supported by written verification by an accredited, licensed, or certified medical provider as outlined in VII-7.45, Sections IV.B and IV.C of the Board of Regents Policy. Sick leave may be advanced at the rate of fifteen (15) working days per year of service to a maximum of sixty (60) working days in one calendar year. The use of advanced sick leave constitutes a debt for which payment shall be enforceable. Upon initial use of advanced sick leave, the minimum rate of payback for advanced sick leave shall be one-half the rate that sick leave and annual leave is earned. An employee may elect to pay back advanced sick leave by applying any earned leave or by reimbursing the USM with cash. The chart below indicates the amount of one-half rate repayment:

	<i>Full Accrual Rate</i>	<i>Advanced Sick Leave Repayment at ½ Rate</i>
Annual:	3.08	1.54
Annual:	4.62	2.31
Annual:	6.15	3.08
Annual:	6.77	3.39
Annual:	7.69	3.85
Sick:	4.62	2.31

Annual, sick and holiday leave earned, and personal leave credited while on advanced sick leave shall be applied as earned/credited. Additional requests for advanced sick leave will not be granted until all previously granted advanced sick leave has been repaid. The only exception to this provision is in cases where the maximum amount of advanced sick leave had not been requested originally and additional advanced sick leave, consecutive to that already granted, is needed to cover the employee's continued absence arising from the original illness, injury or disability. Eligible employees seeking leave must **first** apply for advanced sick leave.

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## REQUEST FOR ADVANCED SICK LEAVE

PART I: To be completed by the Employee			
Name:			Empl ID #:
Date of University System Employment:	Total Years of State Service:	Job Title:	Department:
Date of 1 <sup>st</sup> Day of Absence:		Probable Date of Return to Work:	Number of Days Requested:
Nature of Illness/Disability ( <i>Bonafide medical certificate explaining illness/disability must be attached</i> ):			
<p>I, _____, hereby acknowledge and agree that while on advanced sick leave, accruals of sick and annual leave in addition to personal and holiday leave will be credited to my absence as they are earned.</p> <p>I also hereby acknowledge and agree that the minimum rate of repayment will be one-half of the rates at which my sick leave and annual leave are earned. I may also choose to repay the State by applying any earned leave to the debt or by reimbursing the State with cash.</p> <p style="text-align: center;">Employee's Signature: _____ Date: _____</p>			

PART II: To be completed by the Department (Supervisor or Department Head)	
<p>1. Date on which all earned leave will be exhausted (all paid leave including annual, personal, and compensatory time must be exhausted before advanced sick leave will be granted): Month ____ Day ____ Year ____</p> <p>2. Has the employee been previously granted Advanced Sick Leave by the University? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. If Yes, when and how long? _____ Has it been repaid? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>I, _____, the supervisor or department head, <input type="checkbox"/> <b>approve</b> <input type="checkbox"/> <b>do not approve*</b> of the employee's request for advanced sick leave.</p> <p style="text-align: center;">Supervisor's Signature: _____ Date: _____</p> <p><b>*If the supervisor/department head does not approve the request, written justification and documentation must be attached for review by the HR Department.</b></p>	

PART III: To be completed by Human Resources	
Confirmed: <input type="checkbox"/> Service Date <input type="checkbox"/> Employment Status <input type="checkbox"/> Prior leave request(s)	
Leave Status: As of _____	
Annual: ____ Sick: ____ Personal: ____ Comp.: ____ Other (Please Specify): _____	
Notes: _____	
Reviewer's Signature: _____	Date: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved (Provide Reason): _____	
Signature of Human Resources' Designee: _____	Date: _____
<input type="checkbox"/> Notification Sent To Department	Date Sent: _____