

Department of Human Resources
 University of Maryland, Baltimore County
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 Baltimore, Maryland 21250

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 www.umbc.edu

REQUEST FOR EXTENDED SICK LEAVE

The Extended Sick Leave Policy is in Section VII.7.45 of the UMBC Policies website (www.umbc.edu/policies).

PART I: To be completed by the Employee	
Name:	Empl ID #:
Job Title:	
Date absence from duty began or will begin:	
Probable date of return to work:	Number of days requested:
Nature of illness/disability (attach doctor's certification):	
Employee's Signature	Date

PART II: To be completed by the Supervisor	
Date to University Service (Must have been employed 5 years):	
Date on which all earned leave will be exhausted (all paid leave including Annual, Personal, Compensatory, and Advanced Sick Leave):	
Has Extended Sick Leave been granted prior? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what amount of time? ____ Days ____ Months (May not exceed 12 months)	
Is time owed on Advanced Sick Leave? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what amount of time? ____ Days ____ Months	
Number of days on occasions employee has been absent from duty on sick leave in two years preceding date of Extended Sick Leave Request: From ____ To ____ Days and ____ Frequencies	
Supervisor's Name (Please Print) _____	Signature _____ Date _____

PART III: To be completed by Department Head or Chairperson	
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved (Provide Reason) _____
Name (Please Print) _____	Signature _____ Date _____

PART IV: 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: _____