UMBC

AN HONORS UNIVERSITY IN MARYLAND

Department of Human Resources
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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	
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):	
If no medical documentation is attached, has FML (Family & Medical Leave) paperwork been submitted to Human Resources? ☐ Yes ☐ No	
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? ☐ Yes ☐ No
If Yes, what amount of time? Days Months ***(May not exceed 12 months)***

Is time owed on Advanced Sick Leave? ☐ Yes ☐ 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

☐ Approved ☐ Not Approved (Provide Reason) _____

Name (Please Print) _____ Signature _____ Date _____

PART IV: To be completed by Human Resources

Confirmed: ☐ *Service Date* ☐ *Employment Status* ☐ *Prior leave request(s)*

Leave Status: *As of* _____

Annual: _____ *Sick:* _____ *Personal:* _____ *Comp.:* _____ *Other (Please Specify):* _____

Notes: _____

Reviewer's Signature: _____ Date: _____

☐ Approved ☐ Not Approved (Provide Reason): _____

Signature of Human Resources' Designee: _____ Date: _____

☐ Notification Sent To Department Date Sent: