



AN HONORS UNIVERSITY IN MARYLAND

Department of Human Resources
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REQUEST FOR ADVANCED SICK LEAVE

PART I: To be completed by the employee.

Form with fields for Name, Social Security No, Date of University System Employment, Total Years of State Service, Job Title/Department, Date of 1st Day of Absence, Probable Date of Return to Work, Number of Days Requested, Nature of Illness/Disability, and signature lines.

PART II: To be completed by the department.

Form with fields for Date on which all earned leave will be exhausted, Has the employee been previously granted Advanced Sick Leave by the University?, and Supervisor's Signature.

PART III: To be completed by the Director of Human Resources.

Form with fields for Approval status (Approved/Not Approved), Date, HR Director's Signature, and Notification Sent To Department.