

## REQUEST FOR EXTENDED SICK LEAVE

**Instructions:** Complete Part I and submit to the Office of Human Resources for review and approval.

**Part I:** To be completed by the employee

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_

Empl ID: \_\_\_\_\_

Title: \_\_\_\_\_

Dept: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Date leave began: \_\_\_\_\_

Anticipated Return to Work Date: \_\_\_\_\_

**REQUIRED:** Attach a medical certificate from your medical provider (with name, address and original signature of provider) which **MUST** include the following information: a statement that you are required to be absent from work due to illness, injury or disability, the duration of your absence from work, and the prognosis of your ability to return to work.

I understand that Extended Sick Leave is not an entitlement and that the granting of this request shall be at the discretion of the Office of Human Resources in consultation with my department. I further understand that if approved for Extended Sick Leave, the Office of Human Resources may refer me to a University-named medical provider for periodic examinations to determine the nature and extent of the illness, my progress toward recovery, and an estimated date of return to work.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Part II:** To be completed by Human Resources

Does employee have 5 years of USM and/or State service? \_\_\_\_ Yes \_\_\_\_ No

Does employee have a satisfactory record of performance? \_\_\_\_ Yes \_\_\_\_ No

If no, explain: \_\_\_\_\_

Does employee have a satisfactory record of sick leave usage? \_\_\_\_ Yes \_\_\_\_ No

If no, explain: \_\_\_\_\_

Date on which all leave will be exhausted (including Advanced Sick Leave): \_\_\_\_\_

Number of days needed: \_\_\_\_\_

Current Advanced Sick Leave Balance: \_\_\_\_\_

Has Extended Sick Leave been used previously? \_\_\_\_ Yes \_\_\_\_ No

If yes, how much time (cannot exceed 12 months lifetime) \_\_\_\_\_

**Determination:**

\_\_\_\_ Approved for \_\_\_\_\_ number of days

\_\_\_\_ Disapproved due to \_\_\_\_\_

OHR Signature: \_\_\_\_\_

Date: \_\_\_\_\_