



AN HONORS UNIVERSITY IN MARYLAND

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

GENERAL INFORMATION: 410-455-2337
FAX: 410-455-1064
VOICE/TTY: 410-455-3233
www.umbc.edu

REQUEST FOR ADVANCED ANNUAL LEAVE

PART I: To be completed by the employee.

Name: Social Security No:
Date of University System Employment: Total Years of State Service: Job Title/Department:
Date of 1st Day of Absence: Date of Return to Work: Number of Days Requested:
I, \_\_\_\_\_, hereby acknowledge and agree that the minimum rate of repayment will be one-half of the rate at which my annual leave is earned. I may also choose to repay the State by applying any earned leave to the debt or by reimbursing the State with cash.
Employee's Signature: Date:

PART II: To be completed by the Department.

UMBC Policy/Practice: With the approval of the Department Head, an employee may be advanced 5 days of annual leave provided that no other leave, including personal or compensatory, is available to the employee and is appropriate for the purpose of the leave. Leave may be advanced based on the demonstration that such advance would not impair the work of the unit and that the employee has demonstrated a substantial need for such leave.
Date on which all earned leave will be exhausted (all paid leave including annual, personal, and compensatory time must be exhausted before advanced annual leave will be granted): Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_
Has the employee been previously granted Advanced Annual Leave by the department? [ ] Yes [ ] No
If Yes, when and how long? \_\_\_\_ Has it been repaid? [ ] Yes [ ] No
Supervisor's Name (Please Print): Signature: Date:

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

HR Review
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:
[ ] Reviewed and Acknowledged Signature of HR Designee: Date:
[ ] Signed Form Sent To Department Date Sent: \_\_\_\_