

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

GENERAL INFORMATION: 410-455-2337  
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## POLICY FOR EXTENDED SICK LEAVE

This policy governs the use of extended sick leave and applies to all regular exempt and non-exempt employees. An employee who sustains a temporary, recoverable illness, injury or serious disability may request use of extended sick leave that shall be subjected to the following conditions:

The employee must:

1. have been in USM and/or State service for at least five (5) years;
2. have exhausted all types of accrued/earned leave (annual, sick, personal and compensatory);
3. have requested and exhausted advanced sick leave; and
4. have a satisfactory record of sick leave usage and work performance.

Extended sick leave is **not** an entitlement. The granting of requests for extended sick leave shall be at the discretion of the Department of Human Resources. The maximum cumulative total of extended sick leave available to an employee while in USM or State service is 12 work months (52 work weeks). Annual, sick and holiday leave earned, and personal leave credited while on extended sick leave shall be applied as earned/credited. Written requests for extended leave shall be submitted to the Department of Human Resources and shall be supported by written verification by an accredited, licensed or certified medical provider as outlined in VII-7.45, Sections IV.B and IV.C of the Board of Regents Policy.

The Department of Human Resources may refer an employee who is on extended sick leave as follows:

1. The employee may be referred to an institution-named physician for periodic examinations to determine the nature and extent of the illness, the employee's progress toward recovery, the length of time necessary for recovery, and an estimated date of return to work.
2. If there is a conflict between the employee's physician and the institution-named physician, the provisions of VII-7.45, Section III.B.3 of the Board of Regents Policy shall apply.



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REQUEST FOR EXTENDED SICK LEAVE

PART I: To be completed by the Employee

Name: Social Security #:
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 Department

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 the Human Resources' Designee

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:
Approved Not Approved (Provide Reason):
Signature of Human Resources' Designee: Date:
Notification Sent To Department Date Sent:

