

**BOWIE STATE UNIVERSITY
REQUEST FOR ADVANCED SICK LEAVE**

PART I: TO BE COMPLETED BY THE EMPLOYEE

EMPLOYEE'S NAME: _____ Employee ID #: _____

CLASSIFICATION: _____ AGE: _____

ENTRANCE ON DUTY DATE: _____ TOTAL YEARS OF SERVICE _____

NATURE OF ILLNESS OR DISABILITY (Attach Doctor's Certificate Containing Clear and Comprehensive Explanation of the Illness or Disability) _____

NAME AND ADDRESS OF DOCTOR: _____

DATE ON WHICH ABSENCE FROM DUTY BEGAN BECAUSE OF ILLNESS OR DISABILITY: _____

I, _____, hereby acknowledge and agree that any sick leave advanced to me will be paid back to the State out of my future earnings. I further understand and agree that advanced sick leave may be paid back with future earnings of annual leave, personal leave, compensatory time, or cash, in addition to sick leave, at my election. It is further understood and agreed that the advance of sick leave is a debt which will be enforceable until repaid, even after my separation from State service through death, retirement, or otherwise. It is also understood and agreed that the minimum rate of pay back for sick leave will be at one-half the rate that sick leave is earned.

SIGNATURE _____ **DATE** _____

PART II: TO BE COMPLETED BY THE OFFICE OF HUMAN RESOURCES

Date on Which All Earned Leave Will Expire Because of Illness or Disability (All Paid Leave must Be Exhausted Before Advanced Sick Leave Will be Granted) _____ .

Number of Days Employee Has Been Absent from Work on Sick Leave: _____ Current Year 20____.

Amount of Advance Sick Leave Being Granted: _____

Has Employee Been Granted Advanced Sick Leave By the Office of Human Resources Prior to this Application? _____ . If Yes, When and How Long? _____ .

Is this a Case Where the Employee Should Be Retired from State Service under the Maryland Retirement Law, Because of Physical Disability? _____ .

APPROVED: _____ **DISAPPROVED:** _____

GIVE REASON FOR DISAPPROVAL: _____

SUPERVISOR'S SIGNATURE / DATE: _____

SENIOR DIRECTOR OF HUMAN RESOURCES / DATE: _____

AREA VICE PRESIDENT'S SIGNATURE / DATE: _____