

**BOWIE STATE UNIVERSITY  
REQUEST FOR EXTENDED 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) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Extended Sick Leave Days Requested: \_\_\_\_\_

Date All Leave (Sick, Annual, Personal) was Exhausted: \_\_\_\_\_

Have You Requested Advanced Sick Leave? \_\_\_\_\_  
Yes/No

If "Yes," Date Advanced Sick Leave Repaid: \_\_\_\_\_

*I am requesting Extended Sick Leave in accordance with USM Policy VII 7.45 – Policy on Sick Leave and the Bargaining Units (AFSCME and MCEA) MOUs.*

*SIGNATURE* \_\_\_\_\_ *DATE* \_\_\_\_\_

---

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

---

Amount of Extended Sick Leave Being Granted: \_\_\_\_\_ Days

Date Extended Sick Leave Expires: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's /Department Head Signature / Date

- Approved
- Disapproved

\_\_\_\_\_  
Senior Director of Human Resources / Date

- Approved
- Disapproved

\_\_\_\_\_  
Area Vice President's Signature / Date

- Approved
- Disapproved

**GIVE REASON FOR DISAPPROVAL:** \_\_\_\_\_  
\_\_\_\_\_