

**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 and Date

☐ Approved
☐ Disapproved

Area Vice President's Signature and Date

☐ Approved
☐ Disapproved

Appointing Authority Signature and Date

☐ Approved
☐ Disapproved

GIVE REASON FOR DISAPPROVAL: _____

Dated: May 1, 2012