

**Extended Sick Leave
Request Form**

PART I: To be completed by Employee

Name of Employee: _____ Employee ID #: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Dates of absence: _____ Weeks requested (up to a max. of 52 weeks): _____

Is this a work-related injury? Yes / No If so, when? _____

Current Department: _____ Job Title: _____

Supervisor's Name: _____ Payroll Representative's Name: _____

Requests for Extended Sick Leave must be supported by medical certification by an accredited, licensed, or certified medical provider along with this request. The certification must include your name, physician's name, address, phone number, signature, and date. It must also include the date the absence will begin and the probable or expected return to work date.

(Failure to complete the form in its entirety or provide medical verification may result in a delay in processing the request.)

I hereby acknowledge that all statements and representation made herein are true, accurate and correct to the best of my knowledge. I understand that Extended Sick Leave is not an entitlement and that the granting of this request shall be at the discretion of Human Resource Services in consultation with the employing school or department. I further understand that if approved for Extended Sick Leave Human Resource Services may refer me to a University named certified medical provider for periodic examinations to determine the nature and extent of the illness, progress towards recovery, length of time necessary for recovery and an estimated date of return to work.

Employee's Signature

Date

Part II: To be completed by Department or Payroll Representative

Date on which advanced sick leave was exhausted: _____ Current advanced sick leave balance: _____

Number of days the employee has been absent from duty on sick leave (3-year period): _____ 2023 _____ 2024 _____ 2025

Has employee previously been granted Extended Sick Leave by the University? _____

If yes, the current balance is: _____

Part III: To be completed and signed by Supervisor:

Has employee:	YES	NO
Completed at least five (5) years of USM and/or State service?		
Exhausted all types of accrued leave including advanced sick leave?		
Performed at a level of "meets standards" or better in the last 12 months?		
Been placed on sick note certification in the last 12 months?		
Been disciplined for absenteeism in the last 12 months?		

Supervisor: _____
Print
Signature

Part IV: To be reviewed by Department Head and Director of Human Resource Services or Designee

Department Head:

Approved Declined _____
Signature
Print Name
Date

Human Resource Services:

Approved Declined _____
Signature
Print Name
Date