



Part I – To be completed by employee									
Name:						FTE %:			
Department:						Total Years of Service:			
UID:									Date University System employment began
Is this absence the result of a job injury? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Are you receiving Worker's Compensation benefits? e.g. Accident Leave or Temporary Total Benefits (TTB) <input type="checkbox"/> Yes <input type="checkbox"/> No									
IMPORTANT		Attach a certificate from your treating physician that includes the following information: a statement that you are required to be absent from work due to illness, injury or disability, the duration of absence from work, and the prognosis of your ability to return to work.							
I acknowledge and agree that the use of advanced sick leave constitutes a debt for which payment shall be enforceable upon my return to work or upon my separation from employment, whichever is earlier. Upon my return to work the minimum payback for advanced sick leave shall be at one-half the rate that sick leave and annual leave is earned. I may elect to pay back advanced sick leave by applying any earned leave or by reimbursing the USM with cash. Any debt remaining at the time of my separation may be taken out of my final wages and/or any leave owed to me. Further, this debt is enforceable until repaid, even after my separation from service whether voluntarily or involuntarily.									
<div>Employee Signature</div> <div>Printed Name</div> <div>Date</div>									

Part II – To be completed by department									
Does the employee have a satisfactory record of work performance? <input type="checkbox"/> Yes <input type="checkbox"/> No						If no, explain:			
Does the employee have a satisfactory record of sick leave usage? <input type="checkbox"/> Yes <input type="checkbox"/> No						If no, explain:			
Part III – To be completed by Office of Staff Relations									
Date absence from duty began:					Probable return to work date:				
Date all annual, sick, personal and/or compensatory leave, if applicable, will be exhausted:					Number of days/hours needed:				
Has the employee been granted advanced sick leave previously? <input type="checkbox"/> Yes <input type="checkbox"/> No						If yes, when:			
How many days/hours:			Was debt completely repaid? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, when:			
Part IV – Department Chairperson Approval									
<input type="checkbox"/> Approved		<input type="checkbox"/> Disapproved		Reason:					
<div>Signature</div> <div>Printed Name</div> <div>Date</div>									
Part V – Assistant Vice President, University Human Resources Approval									
<input type="checkbox"/> Days Approved		<input type="checkbox"/> Disapproved Reason:							
<div>Signature</div> <div>Printed Name</div> <div>Date</div>									