

LARRY HOGAN Governor

Part 1:

BOYD K. RUTHERFORD Lieutenant Governor DAVID R. BRINKLEY Secretary

MARC L. NICOLE Deputy Secretary

REQUEST FOR ADVANCED SICK LEAVE FOR REGULAR EMPLOYEES

It is the policy of the State of Maryland to allow employees to be advanced sick leave when the Secretary of Budget and Management ("the Secretary"), in consultation with the Secretary of Health, has determined that there is a strong likelihood of a Statewide health emergency. In such cases, the Secretary may implement the Advanced Sick Leave Policy. The Secretary shall discontinue the Advanced Sick Leave Policy when the Statewide health emergency, or threat of one has ended.

TO BE COMPLETED BY STATE EMPLOYEE

EMPLO'	YEE	DATE	
AGENC'	Υ	W#	
DATE O	N WHICH ABSENCE FROM DUTY BEGAN BECAUSE (OF FLU-LIKE ILLNESS	
AMOUN	NT OF ADVANCED SICK LEAVE REQUESTED		
	LL FORMS OF PAID LEAVE BEEN EXHAUSTED PRIOF ersonal, Annual, Compensatory Time)	R TO THIS REQUEST? YES	□ NO
2.	Advanced sick leave may be granted for the empty flu-like illness of the employee or that of an immedisplays some or all the following symptoms typic body aches, headache, diarrhea, or vomiting. Fergreater. Symptoms of flu-like illness occurring duaccordance with the Pandemic Flu and Other Infection of the employee must exhaust all earned sick, annuavailable paid time off and make a request for additional control of the employee.	ediate family member. A flu-lil cally associated with flu: chills, ver is usually described as tempering a period of a pandemic fluectious Diseases Attendance arual, and personal leave, compe	ke illness is one in which a person cough, sore throat, runny nose, perature of 100.4 °F (38° C) or outbreak will be handled in he Leave Policy.
(State A reimbu leave a person If I do I unders	rstand and agree that any sick leave advanced Agency) must be repaid by me even if I separ arsement of advanced sick leave shall be paid as it is earned upon my return to work. At my hal leave to the amount to be repaid or elect the not return to work after a period of advanced stand and agree that the debt shall be referred and Management in accordance with COMA	ate from State service. I also back at the minimum rate of discretion, I may apply add to make repayment in cash disick leave, or I separate with the Central Collection	of ½ the rate of earned sick ditional accrued annual or at a repayment rate of 100%. ithout fully repaying the debt, I
	ee Signature	 Date	

PART 2:	TO BE COMPLETED B	Y MANAGER/SUPERVISOR	
MANAGER/SU	UPERVISOR NAME		W#
MANAGER/SU	UPERVISOR SIGNATURE	P	PHONE
leave use, the		forms of accrued leave and/or compensatory that annual and sick leave which must be exhaus	_ :
PART 3:	TO BE COMPLETED B	Y APPOINTING AUTHORITY	
RECOMMEND	DATION (check one)		
APPROVE	ED: FROM DATE	THROUGH DATE TOTAL HOU	URS APPROVED
DENY/ EX			
REPAYMENT (COMPLETION DATE	AMOUNT	
APPOINTING	AUTHORITY NAME		N#
APPOINTING	AUTHORITY SIGNATURE _	P	HONE
	ng authority shall maintair I received, and dates and a	n records for each employee granted advanced amounts of repayments.	sick leave, including the date of the
•	must be communicated to time and leave.	o HR and/or payroll/timekeeping departments	of your agency for necessary
Reports in the	e Statewide Personnel Sys	tem that may help you in managing the use an	nd repayment of Advanced Sick Leave:
SPMS Leave E	Balances By Organization	(displays all balances available to the employe	e)
SPMS Time O	Off Report (displays all leav	re used)	

cc: HR Representative Payroll/Timekeeping Representative