



Maryland

DEPARTMENT OF BUDGET
AND MANAGEMENT

LARRY HOGAN
Governor

DAVID R. BRINKLEY
Secretary

BOYD K. RUTHERFORD
Lieutenant Governor

MARC L. NICOLE
Deputy Secretary

REQUEST FOR ADVANCED SICK LEAVE - CONTRACTUAL/TEMPORARY

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.

Part 1: TO BE COMPLETED BY STATE EMPLOYEE

EMPLOYEE _____ DATE _____

AGENCY _____ W# _____

DATE ON WHICH ABSENCE FROM DUTY BEGAN BECAUSE OF FLU-LIKE ILLNESS _____

AMOUNT OF ADVANCED SICK LEAVE REQUESTED _____

HAVE ALL FORMS OF PAID LEAVE BEEN EXHAUSTED PRIOR TO THIS REQUEST? YES NO
(Paid Time Off or “PTO”, Sick and Safe)

1. Advanced sick leave may be granted for the employee who has need to use sick leave as the result of an onset of flu-like illness of the employee or that of an immediate family member. A flu-like illness is one in which a person displays some or all the following symptoms typically associated with flu: chills, cough, sore throat, runny nose, body aches, headache, diarrhea, or vomiting. Fever is usually described as temperature of 100.4 °F (38° C) or greater. Symptoms of flu-like illness occurring during a period of a pandemic flu outbreak will be handled in accordance with the Pandemic Flu and Other Infectious Diseases Attendance and Leave Policy.
2. The employee must exhaust all paid leave and compensatory time earned, and any other available paid time off before making a request for advanced sick leave.

I understand and agree that any sick leave advanced to me by _____ (State Agency) must be repaid by me even if I separate from State service. I also understand and agree that reimbursement of advanced sick leave shall be paid back at the minimum rate of ½ the rate of earned sick and safe or PTO as applicable, as it is earned upon my return to work. At my discretion, I may apply additional accrued leave to the amount to be repaid or elect to make repayment in cash at a repayment rate of 100%. If I do not return to work after a period of advanced sick leave, or I separate without fully repaying the debt, I understand and agree that the debt shall be referred to the Central Collection Unit within the Department of Budget and Management in accordance with COMAR 17.01.01.

Employee Signature

Date

PART 2: TO BE COMPLETED BY MANAGER/SUPERVISOR

MANAGER/SUPERVISOR NAME _____ W# _____

MANAGER/SUPERVISOR SIGNATURE _____ PHONE _____

The above employee has exhausted all forms of accrued leave and/or compensatory time. During a period of advanced sick leave use, the employee will accrue leave which must be exhausted each pay period before the use of advanced sick leave on the timesheet.

PART 3: TO BE COMPLETED BY APPOINTING AUTHORITY

RECOMMENDATION (check one)

APPROVED: FROM DATE _____ THROUGH DATE _____ TOTAL HOURS APPROVED _____

DENY/ EXPLANATION

REPAYMENT COMPLETION DATE _____ AMOUNT _____

APPOINTING AUTHORITY NAME _____ W# _____

APPOINTING AUTHORITY SIGNATURE _____ PHONE _____

The appointing authority shall maintain records for each employee granted advanced sick leave, including the date of the request, total received, and dates and amounts of repayments.

All processes must be communicated to HR and/or payroll/timekeeping departments of your agency for necessary adjustments to time and leave.

Reports in the Statewide Personnel System that may help you in managing the use and repayment of Advanced Sick Leave:

SPMS Leave Balances By Organization (displays all balances available to the employee)

SPMS Time Off Report (displays all leave used)

cc: HR Representative
Payroll/Timekeeping Representative