

WES MOORE

Part 1:

ARUNA MILLER Lieutenant Governor HELENE GRADY Acting Secretary

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.

TO BE COMPLETED BY STATE EMPLOYEE

EMPLO	YEE			DATE	
AGENCY	(····	W#	
DATE O	N WHICH	ABSENCE FROM DUTY BEG	AN BECAUSE OF FLU-LIKE	EILLNESS	
AMOUN	IT OF AD\	/ANCED SICK LEAVE REQUE	STED		
		OF PAID LEAVE BEEN EXH "PTO", Sick and Safe)	AUSTED PRIOR TO THIS R	EQUEST? TYES NO	0
2.	flu-like il displays body ach greater. accordar The emp	ed sick leave may be granted for the employee who has need to use sick leave as the result of an onset of llness of the employee or that of an immediate family member. A flu-like illness is one in which a person some or all the following symptoms typically associated with flu: chills, cough, sore throat, runny nose, hes, headache, diarrhea, or vomiting. Fever is usually described as temperature of 100.4 °F (38° C) or Symptoms of flu-like illness occurring during a period of a pandemic flu outbreak will be handled in nce with the Pandemic Flu and Other Infectious Diseases Attendance and Leave Policy. Dloyee must exhaust all paid leave and compensatory time earned, and any other available paid time off making a request for advanced sick leave.			
(State A reimbu safe or accrued I do no unders	Agency) in sement PTO as a dileave to the treturn stand and and sements.	of advanced sick leave applicable, as it is earned to the amount to be reparto work after a period o	ven if I separate from S shall be paid back at th d upon my return to w hid or elect to make re f advanced sick leave, all be referred to the C	State service. I also und ne minimum rate of ½ to ork. At my discretion, payment in cash at a re or I separate without fo entral Collection Unit we entral Collection Unit we	derstand and agree that the rate of earned sick and I may apply additional epayment rate of 100%. If fully repaying the debt, I within the Department of
Employe	ee Signatı	ure		 Date	

PART 2:	TO BE COMPLETED BY MANAGER/SUPERVISOR		
MANAGER/SUPE	RVISOR NAME	W#	
MANAGER/SUPE	RVISOR SIGNATURE	PHONE	
•	nployee will accrue leave which must be exhausted	r compensatory time. During a period of advanced sick each pay period before the use of advanced sick leave	
PART 3:	TO BE COMPLETED BY APPOINTING AUTHORITY		
RECOMMENDAT	ION (check one)		
APPROVED: I	FROM DATE THROUGH DATE	TOTAL HOURS APPROVED	
DENY/ EXPLA	ANATION		
REPAYMENT CON	MPLETION DATE	AMOUNT	
APPOINTING AU	THORITY NAME	W#	
APPOINTING AU	THORITY SIGNATURE	PHONE	
	uthority shall maintain records for each employee g ceived, and dates and amounts of repayments.	ranted advanced sick leave, including the date of the	
All processes mu adjustments to ti	st be communicated to HR and/or payroll/timekeep ime and leave.	ing departments of your agency for necessary	
Reports in the St	atewide Personnel System that may help you in mai	naging the use and repayment of Advanced Sick Leave:	
SPMS Leave Bala	ances By Organization (displays all balances available	e to the employee)	
SPMS Time Off R	Report (displays all leave used)		

cc: HR Representative Payroll/Timekeeping Representative