

Employee Name, ID, and FTE: _____

Department: _____ Title: _____ Date of Hire: _____

Contact Information (Email/Phone): _____

Onset of illness/disability: _____ Date current leave exhausts: _____

Projected return date: _____ Number of ASL days requested: _____

Employee Acknowledgement

I understand and acknowledge the following information:

- This request is subject to the terms and conditions in USM Policy VII-7.45 – Policy on Sick and Safe Leave for Non-Exempt and Exempt Staff Employees (the Policy), which I have read and understand.
- ASL may be available to an eligible employee that sustains a temporary, recoverable mental or physical illness, injury, condition, or serious disability, and who has exhausted all other forms of available leave.
- An employee requesting ASL must have a satisfactory record of work performance and no record of sick leave abuse.
- ASL is not an entitlement and my request is subject to review and approval by the Office of Human Resources (OHR) upon receipt of this signed form, supporting medical documentation from my treating health care provider, operational needs, and other terms and conditions of the Policy.
- The use of ASL constitutes a debt for which payment shall be enforceable upon the employee's return to work or upon the employee's separation from employment, whichever is earlier.
- Upon return to work, the minimum rate of ASL repayment shall be at one-half the rate that sick leave and annual leave is earned.
- ASL may also be repaid by applying any earned leave to the balance or by reimbursing the university with cash.
- Additional requests for ASL will not be granted until all previously granted ASL has been repaid. The only exception to this provision is when the maximum amount of ASL was not originally requested and additional ASL, consecutive to that already granted, is needed to cover a continued absence arising from the original illness, injury, condition, or disability.
- ASL may only be used for absences related to the illness, injury, condition, or disability for which leave was requested.

Print Name: _____

Signature _____ Date: _____

Department Acknowledgement

Approved Denied – Please contact your HR Partner to discuss a denied request.

Print Name: _____

Signature: _____ Date: _____

OHR Use Only

Approved _____ Days Denied – Reason: _____

Print Name: _____

Signature: _____ Date: _____