# University of Maine System

## Request for Advance of Disability Leave

### SECTION I: EMPLOYEE IS TO COMPLETE REQUESTED INFORMATION BELOW AND ITEMS 1 – 6.

<table>
<thead>
<tr>
<th>Name</th>
<th>Employee ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Date of Regular Employment</td>
</tr>
<tr>
<td>Dept.</td>
<td>Annual Salary</td>
</tr>
<tr>
<td>Campus Address</td>
<td>Actual Last Day of Work</td>
</tr>
</tbody>
</table>

1. As of _______ Disability Leave Balance was _______  
   (Date) 
   Annual Leave Balance was _______  
   Comp. Time (if applicable) _______  
   □ Hours  □ Fulltime Equivalent Days  
   □ Hours  □ Fulltime Equivalent Days  

2. Are you enrolled in a Short-Term Disability insurance plan?  
   If yes, amount you receive from Short-Term Disability. $_______  
   □ Yes  □ No  
   □ Week  □ Month  

3. Have you applied for a Family / Medical Leave?  
   If not, please contact the Office of Human Resources for information on eligibility and to begin the application process.  
   □ Yes  □ No  

4. Have you applied for Long-Term Disability (for absences expected to last six months or longer)? If yes, enter the date you applied. _______ (Date)  
   □ Yes  □ No  

5. A statement from your physician which states the expected length of time you will be unable to work **must be on file**. Have you provided the Office of Human Resources with this document?  
   □ Yes  □ No  

6. I hereby request an advance of _____ working days of disability leave. I understand that disability leave advanced is to be repaid at the rate of one-half of future disability leave accruals or, if my employment with the University ends, the outstanding balance will be deducted at that time from any remaining salary payments due me.  
   (Employee’s Signature)  

### SECTION II: ACCOUNT INFORMATION AND MANAGEMENT APPROVAL / SIGNATURES

The sick leave advance will be charged to the account(s) that normally pays the employee's salary. If a **different** account should be charged, specify the account number.  

<table>
<thead>
<tr>
<th>Recommendations / Decision</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
| Recommendation of Supervisor or Department Head | □ Approve _____ Days  
   □ Disapprove  |
| Recommendation of Director / Dean | □ Approve _____ Days  
   □ Disapprove  |
| Recommendation of Vice-President / Senior Staff Member | □ Approve _____ Days  
   □ Disapprove  |
| Decision of President’s / Chancellor’s Designee | □ Approve _____ Days  
   □ Disapprove  |

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Account #: _____________________________

SWS – OHR  
June 2004  
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