



HUMAN RESOURCES
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USM LEAVE RESERVE FUND PROCEDURES

I. Annual Determination and Reporting of Leave Reserve Fund Balances

The University System of Maryland Office - Human Resources (USMO-HR) shall administer the Leave Reserve Fund (LRF). Each Institution of the University System of Maryland (USM) shall report to the USMO-HR the total number of unused personal leave days for a given calendar year. The format for reporting this information is as listed below. The requested information is to be submitted to the USMO-HR Office by no later than February 15 of each year.

Data to be Reported:

USM Institutions will be asked to provide the total unused personal leave hours in terms of hours and minutes, as applicable, broken down by Regular status Exempt and Nonexempt Employees. This information is to be captured according to each Institution's procedures for managing personal leave balances.

An annual report summarizing the usage of the LRF will be prepared by the USMO-HR and provided to each Institution. The report will include:

1. The balance donated by the Institutions;
2. The amount of leave used from the LRF; and
3. The LRF's end year balance.

II. Eligibility and Application for Use of the Leave Reserve Fund

Eligibility for use of the LRF is governed by the requirements set out in BOR VII-7.11 Policy on Leave Reserve Fund for Exempt and Nonexempt Staff Employees on Regular Status, including the requirement that all available leave is to be exhausted before the LRF can be used. Consistent with this policy, the Chancellor has set a cap of 20 working days as the maximum number of days to be awarded to an individual employee per request. Additional leave may be provided under exceptional circumstances after the employee's continuing eligibility has been verified.

Employee requests to use the LRF should be coordinated through the Institution's Office of Human Resources and, once approved by the President's designee in HR, shall be submitted to the USMO-HR. To apply for usage of the LRF, the employee should complete Part I (Employee Information and Eligibility) of the attached "USM Leave Reserve Fund Request" form and submit it to the Institution's Office of Human Resources.

The request will include the following information:

1. Employee's name;
2. Name of the Institution;
3. Employing Department;
4. Employee's position title, USM service date and number of months of creditable service;
5. Amount of leave and specific dates requested; and
6. Physician's certification of temporary disability which includes the physician's judgment as to when the employee may reasonably be expected to return to work – a prognosis, not a diagnosis. (This certification should be kept confidentially at the Institution and not forwarded to USMO-HR).

Upon receipt of a request from the employee, designated staff of the Institution's Office of Human Resources will complete the form and submit it to the USMO-HR. The USMO-HR will respond to each request in writing within five (5) working days following the receipt of a request, confirming the number of days that are approved, or if the request is denied. The USMO-HR is to maintain an accumulated balance of the number of days in the LRF and report this number periodically to the Institutions' Human Resources Offices. Leave used from the LRF is to be recorded on the employee's time record as LRF Leave using a code designated in the Institution's time-keeping system.



USM LEAVE RESERVE FUND REQUEST

Consistent with the USM BOR VII-7.11 Policy on Leave Reserve Fund (LRF) for Regular status Exempt and Nonexempt Employees, this is the Institution's confirmation and approval of an employee's request for use of the LRF. Please verify the employee's eligibility and approve the transfer of the appropriate amount of leave from the LRF.

PART I: EMPLOYEE INFORMATION & ELIGIBILITY (Completed by Employee)						
Name:	Institution:	Department:	Job Title:			
			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%; text-align: center;">YES</th> <th style="width: 25%; text-align: center;">NO</th> </tr> </thead> </table>		YES	NO
	YES	NO				
Is the employee a regular employee who is working 50% or more?			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>					
Has the employee completed at least one (1) year of University System of Maryland (USM) service? Please list employee's service date.			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>					
Has the employee used all available accrued and approved leave (sick, advanced sick, extended sick, personal leave, annual leave, compensatory leave, holiday leave)?			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>					
Has the employee provided the appropriate and applicable authentication of his/her medical condition and his/her probable date of return to work from his/her licensed or certified medical provider? (Provide a prognosis, not a diagnosis. This will be kept confidentially at the Institution.)			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>					
Is the employee's medical disability temporary?			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>					
What is the employee's probable date of return to work?			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>					
<i>I confirm that I meet the policy's eligibility criteria, and I request leave from the Leave Reserve Fund in the amount indicated herein.</i>						
<hr style="border: none; border-top: 1px solid black;"/>	<hr style="border: none; border-top: 1px solid black;"/>	<hr style="border: none; border-top: 1px solid black;"/>				
Printed Name of Employee or Designee	Signature of Employee or Designee	Date				
PART II: APPROVAL - EMPLOYEE'S DEPARTMENT HEAD						
Based on the information contained in Part I and applicable medical documentation, leave is requested from the Leave Reserve Fund in the amount of _____ days to cover the period _____ and including _____.						
<div style="display: flex; justify-content: space-between;"> mm/dd/yy mm/dd/yy </div>						
<hr style="border: none; border-top: 1px solid black;"/>	<hr style="border: none; border-top: 1px solid black;"/>	<hr style="border: none; border-top: 1px solid black;"/>				
Printed Name of Department Head	Signature of Department Head	Date				
PART III: APPROVAL - INSTITUTION HUMAN RESOURCES						
How many months of creditable service does the employee have?						
What date was all accrued and approved leave exhausted?						
Does the employee have a record of satisfactory work performance?						
Has the employee provided adequate justification for the number of days requested?						
How many days of LRF leave have been granted to this employee during the current calendar year?						
The Human Resources Office hereby confirms the employee's eligibility; approves the use of the Leave Reserve Fund as requested in Part II of this form; and confirms that appropriate medical documentation has been received to justify the leave request.						
<hr style="border: none; border-top: 1px solid black;"/>	<hr style="border: none; border-top: 1px solid black;"/>	<hr style="border: none; border-top: 1px solid black;"/>	<hr style="border: none; border-top: 1px solid black;"/>			
Printed Name of Institution President's Designee in HR	Signature of Institution President's Designee in HR	Title	Date			
PART IV: USMO-HUMAN RESOURCES - VERIFICATION OF ELIGIBILITY AND AUTHORIZATION OF TRANSFER OF LEAVE						
<input type="checkbox"/> Transfer of leave as submitted <input type="checkbox"/> Transfer of leave with modifications <input type="checkbox"/> Transfer of leave denied						
<hr style="border: none; border-top: 1px solid black;"/>	<hr style="border: none; border-top: 1px solid black;"/>	<hr style="border: none; border-top: 1px solid black;"/>				
Signature	Title	Date				