



Part I (To be completed by employee – Please Print Clearly)	
Name:	Unit:
UID:	Title:
Campus Phone#:	Campus Email: @umd.edu
Home or Mobile # (where you can be reached if questions arise)	
Date University System Employment Began:	Total Years of Service:
Regular Employee?: <input type="checkbox"/> Yes <input type="checkbox"/> No	FTE %:
Date Absence Began/Will Begin:	Probable Return to Work/Recovery Date:
Name of Person Requiring Critical Care:	
Relationship to Employee	<input type="checkbox"/> Legal Spouse <input type="checkbox"/> Parent or Stood as In Loco Parentis While Employee was Raised <input type="checkbox"/> Child (birth or adoption) or presently placed as legal foster child or ward (documentation of parent/child relationship will be required)
Amount of CCL Requested (in hours to a max of 240 in a rolling 12-month period):	
Leave will be taken as (complete all applicable sections):	
An extended Period of Absence – Beginning Date:	
Intermittent Leave (describe):	
Reduced Work Schedule (describe):	
IMPORTANT: Application must include the completed "Medical Certification Form – Critical Care Leave" before Sick Leave used as Critical Care Leave can be authorized by UHR	
Signature of Applicant	Date

Part II (To be completed by employee's Department/Unit Head)		
Number of Hours of Sick Leave ("as of")	Date of Departmental Review	Hours as of
Is the Employee's Time Being Counted as Family & Medical Leave also?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the Employee have a satisfactory record of sick leave usage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explain:		
Does the Employee have a satisfactory work record?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explain:		
Has the Employee received formal discipline (ex. Letter of Reprimand, Suspension, Demotion or Poor Performance) during the last 24 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explain:		
Given all of the circumstances surrounding this Request, does the Employee's Department Support the Request to Use Critical Care Leave	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explain:		
Departmental Reviewer (Print)	Date	

Part III UHR Determination	
UHR Reviewer (Print & Signature)	Date
UHR Approval:	<input type="checkbox"/> Approved in Full <input type="checkbox"/> Approved in Part <input type="checkbox"/> No Approved
Explain	