



UNIVERSITY OF MARYLAND
SCHOOL OF PHARMACY

Request for Collegially Supported (Non-Creditable) Sick Leave
Effective: 1-1-2007

Background: It is the responsibility of the School to have a procedure for continuing instruction when faculty members are absent for any reason, including illness, injury, or childbirth. Once instruction is underway it must continue with minimal interruption to protect the interests of the students. Thus, when a faculty member is incapacitated for brief periods of illness, injury or childbirth, the “collegial” method of accommodating disabled faculty is preferred. This is the practice whereby colleagues of the disabled faculty member, on a voluntary basis, take over his or her classes and other essential functions, in addition to carrying on their regular work. See USM Policy II-2.30 for the complete policy.

The Campus has authorized each School to adopt and implement an internal policy and procedure for managing short-term absences. When administering USM Policy II-2.30 the School of Pharmacy uses the following definitions and request form:

- Instruction: Means the Academic Semesters
- Short-term incapacity: Means illness, injury, or childbirth, or other illness that exceed five consecutive working days during an academic semester.

Please complete the form below and forward it to your department chair for review and approval. Forms should be submitted at least five working days before the date of the requested leave, except for unanticipated sickness or injury. In case of emergency, this form shall be completed as soon as the incapacitated faculty member is able to do so.

Signature of Person Requesting Leave *Date*

Requestor Information:

Person Requesting Leave _____

Title or Position _____ Department _____

Dates: Start: _____ Return to Work: _____ Total number of days: ____

Reason for leave request _____

Responsibilities include:

Academic Responsibilities:

Administrative Responsibilities (if applicable):

 Signature of Person Accepting Responsibilities/Date

 Signature of Person Accepting Responsibilities/Date

Approved by:

 Department Chair

 Signature/Date

Approved by:

 Dean or Designee

 Signature/Date

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