

St. Mary's College of Maryland

Faculty Sick Leave Report

Month of _____, 20_____

Name _____

Department _____

Indicate below the dates and hours you were absent from regularly assigned duties due to illness.

Date(s) Absent

Number of Hours Absent

Faculty Member's Signature

Date

Department Head's Signature

Date

Note: If absent for five or more consecutive workdays, an original sick certificate from a medical provider which authenticates the period of illness must be provided to the Office of Human Resources upon the employee's return to work.

Please return this completed form and any associated documentation to the Office of Human Resources.