



## PROFESSIONAL APPEARANCE STANDARDS

<b>WRITTEN DIRECTIVE:</b>	<b>10.3</b>
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### Contents

- I. Purpose
- II. Policy
- III. Definitions
- IV. Grooming – Uniformed
- V. Grooming – Non-Uniformed
- VI. Annex List

### **I. Purpose**

The purpose of this Written Directive is to establish the personal appearance standards for the University of Maryland, Baltimore Police Force (UMBPF) sworn and non-sworn personnel wearing uniforms and wearing business attire. These Professional Appearance Standards are established to encourage public confidence and respect, to instill a degree of personal discipline among uniformed and non-uniformed members, to facilitate easy recognition of police and security officers in the field, and to promote officer safety and professional performance of all agency members.

### **II. Policy**

It shall be the policy of the UMBPF that all members adhere to the appearance standards as contained herein. The following guidelines establish the UMBPF's Professional Appearance Standards and shall apply to all members, regardless of gender, unless otherwise specified. These regulations apply to all personnel working in a uniformed capacity (to include uniformed overtime and uniformed secondary employment) and to all personnel in business attire.

### **III. Definitions**

For the purpose of this Written Directive, the terms "brash or excessive" shall be defined as that which distracts from the professional appearance of uniformed and non-uniformed staff members.

### **IV. Grooming- Uniformed**

#### **A. Universal Hairstyle Requirements**

1. Hair must be neatly groomed and conform to the shape of the head.
2. Only natural hair colors are permitted. Hair colors that are considered extreme, faddish or artificial, such as purple, pink or green are prohibited.
3. The bulk of the hair will not be excessive or present a ragged or unkempt appearance, and shall not:

- a. Prevent the uniform hat from being placed squarely on the head, with the center of the hat's visor or brim directly over the nose;
  - b. Interfere with the proper wearing of the winter/cold weather hat; and
  - c. Interfere with the safe and proper wearing of issued departmental helmets and other safety gear, to include personal protection equipment.
4. Hair will be styled, so that the length does not extend beyond the top of the eyebrows, below the lower edge of the uniform shirt collar, and not below the front headband of properly worn headgear.
  5. Braiding, twisting, and locking styles are permitted, provided they are conservative and professional in appearance. Hair that normally falls below the bottom edge of the collar shall be neatly, professionally, and inconspicuously fastened or pinned, and must meet the length and bulk guidelines defined within this directive. Hairstyles that are lopsided or distinctly unbalanced are prohibited.
  6. Objects worn in the hair, including, but not limited to, pins, barrettes, bands and clips:
    - a. Shall be inconspicuously placed for the sole purpose of holding the hair in place;
    - b. Must be unadorned and transparent or similar to the color of the hair; and
    - c. Shall not interfere with the proper wearing of issued headgear.
  7. A wig, track or hairpiece shall present a natural appearance and conform to the same standards as natural hair.
  8. Extreme or fad hairstyles are prohibited, including, but not limited to, those that incorporate designs or sculptures using the hair and/or cut into the hair, and any style that presents an unprofessional or disheveled appearance.
  9. Beards, goatees, mustaches, and sideburns shall be maintained in a neat, clean, and well-trimmed manner.
    - a. All facial hair will be uniform in length not to exceed one-quarter (1/4) inch;
    - b. Sideburns shall not exceed the bottom of the ear;
    - c. Facial Hair will be kept clean and trimmed;
    - d. For policy purposes, a goatee is defined as a tuft of hair on the chin, joined with a mustache. The "Fu Manchu" is not considered a goatee and is not approved for sworn personnel. The amount of time to grow a goatee will vary by individual,

but it must be readily apparent that the employee has grown facial hair and merely did not forget to shave;

- e. To maintain the integrity of a gas mask fitting, facial hair will be no longer than one-quarter (1/4) inch in length, will not extend onto the neck area; and
- f. Members that have facial hair must be aware of concerns in the usage of a gas mask and have either taken steps to ensure correct fitting of their gas mask with their facial hair or are aware of the potential issues involved in the deployment of their gas mask with their facial hair.

**EXCEPTION:** *Members permanently assigned to plainclothes/undercover assignments and required to report in court attire may have the hairstyle and/or shaving requirements waived by their Commanding Officer. This exception is not applicable to members wearing the departmental uniform in any other capacity.*

## B. Appearance Requirements

### 1. Makeup

Members may wear makeup that is subtle and professional in appearance. Lip color, eye shadow and cheek color must be natural in color. False eyelashes that do not conform to natural lengths and colors are prohibited. Eyeliner is permitted when worn in a subtle and professional manner.

### 2. Fingernails

- a. Fingernails shall not extend more than ¼ inch from the tip of the finger nor interfere in any way in the performance of primary police or security business tasks.
- b. Members who are in uniform are permitted to wear fingernail polish that is clear with no decals or applications. Members who are female may wear neutral colored nail polish that matches their skin tone.

### 3. Jewelry

- a. Visible body piercing parts other than earlobes are acceptable; but, the jewelry that coincides with the piercing(s) shall not be visible while on duty.
- b. Uniformed female officers may wear conservative, small, matching earrings, one per earlobe, that do not extend below the earlobe more than a ½ inch. Earrings are prohibited for male officers while on duty or in uniform.
- c. Necklaces shall not be visible. Bracelets are prohibited.

**EXCEPTION:** *A Medic Alert tag on the wrist or around the neck is permitted.*

- d. Rings may be worn, but are limited to one ring per hand with none on the thumbs, and are limited to wedding rings (a wedding set is considered one ring), law enforcement association rings, professional organization rings, or school rings.
4. In general, tattoos visible while on duty are allowed unless described as below.
  5. The following tattoos are prohibited:
    - a. Tattoos, body art, or brands on the head, face, neck, or scalp;
    - b. Tattoos, body art, brands elsewhere on the body that are prejudicial to good order, discipline and morale or are of a nature to bring discredit upon the department. For example, tattoos, body art, or brands that are obscene, sexually explicit or advocate or symbolize sex, gender, racial, religious, ethnic or national origin discrimination are prohibited;
    - c. Tattoos/body art/brands that advocate or symbolize gang affiliation, violence, supremacist or extremist groups, or drug use;
    - d. Excessive tattoos
      - 1) Excessive tattoos are those determined by a Division Commander to create an unreasonable distraction from the professional appearance of the officer due to the size, coloring, visibility, prominence, or nature of the tattoo(s).
      - 2) In making this determination, Division Commanders shall consider only the overall effect of the tattoo(s) on the employees' ability to maintain a professional bearing and conduct business in a professional manner.
      - 3) Notwithstanding the above, the department will not give consideration to the tattoo's nature or the personal significance of the tattoo to the employee.
    - e. Personnel whose tattoos are determined to be excessive will be required to:
      - 1) Voluntarily remove the tattoo(s), or
      - 2) Cover the tattoo while on duty with appropriate cosmetics, a bandage, or other device that does not detract from the employee's professional appearance, or
      - 3) Maintain complete coverage of the tattoos using current uniform items (e.g. long sleeved shirt/blouse, pants/slacks, dark hosiery, etc.) or appropriate plainclothes apparel at all times while on duty.
      - 4) Permanent, conservative eyebrow and lip liner cosmetic tattoos are acceptable.

- 5) Employees who choose to cover the tattoos with uniform apparel may petition the Division Commander for a variance in uniform standards, i.e. permission to wear the long sleeve uniform shirt, during the mandatory summer uniform period, as designated in **WD 10.1, Uniforms, Insignias, and Equipment**.

5. Dental Ornamentation

The use of temporary gold, platinum or other veneers or caps for the purpose of ornamentation is prohibited. Teeth, whether natural, capped or veneer shall not be ornamented with designs, jewels, initials, etc.

6. Eyewear

- a. Prescription eyeglasses that are conservative in nature are authorized.
- b. Prescription and nonprescription sunglasses are permitted when stationed outdoors, but are prohibited when indoors, unless transition lenses glasses are worn.

**NOTE:** *Prescription and nonprescription sunglasses required by medical professional, with supporting documentation provided, are permitted.*

- c. Eyewear that is trendy or has frames or lenses with conspicuous initials, decals, designs, or other adornments is prohibited while on duty.
- d. Contact lenses may be worn, but lens colors must be natural in color. Extreme or trendy colors, including, but not limited to red, orange, yellow, purple, bright green or bright blue are prohibited.

C. Requests for Reasonable Accommodation

1. Any UMBPF member may request reasonable accommodations for the standards set forth in this Written Directive. To request an accommodation, the member shall:
  - a. Contact the Office of Accountability and Compliance (OAC) regarding the specific accommodation being sought;
  - b. Print and complete the form found in **Appendix 10.3.1 Request for Reasonable Accommodation Form – Employee**, and viewable in Annex A, below;
  - c. Complete the appropriate areas of the form and submit Sections I and II of the form through the chain of command to the Chief of Police for review and signature;
  - d. A copy of the signed Sections I and II shall be returned to the requesting member for further action as required in Section II; and

- e. The agency shall provide the required documents to OAC upon receiving a request for accommodation.
2. The member is responsible for providing the entire packet, Sections I, II, IIA, and III to OAC for review and consideration.

**V. Grooming – Non-Uniformed**

- A. Staff who have not been issued a uniform or elect not to wear a uniform shall maintain a grooming standard, so as to present a professional appearance.
- B. Hair, nails, cosmetics, and jewelry shall not be worn in a style or manner that appears unprofessional, brash, or excessive.
  1. Wigs or hairpieces will be of natural hair color, consistent with the wearer’s hair color.
  2. Fingernail color is not restricted for non-sworn, non-uniformed members; however, nails must present a professional appearance and not interfere with duty performance. Nails will not extend more than ¼ inch past the tip of the finger.

**VI. Annex List**

Annex A – Request for Reasonable Accommodation – Employee

**Written Directive System Impact**

Upon approval and publication, this edition of WD 10.3 supersedes all previous editions.

Alice K. Cary, MS  
Chief of Police for Police and Public Safety

CALEA Standard (s): 22.1.6, 26.1.1

**Annex A (Appendix 10.3.1)**



Office of Accountability and Compliance  
620 West Lexington Street, 5th Floor  
Baltimore, MD 21201  
410 706 2281

[www.umaryland.edu/oac](http://www.umaryland.edu/oac)

**REVISED 07/13/2017 - UNIVERSITY OF MARYLAND, BALTIMORE**  
**-CONFIDENTIAL-**  
**REQUEST FOR REASONABLE ACCOMMODATION FORM - EMPLOYEE**

The purpose of this form is to assist the University in determining whether, or to what extent, a reasonable accommodation is required for an employee with a disability to perform one or more essential functions of their job safely and effectively. *This form must be filed separately from the employee's personnel file and will be kept in the Office of Accountability and Compliance (OAC), EEO/AA unit.*

University/Administrative Area: \_\_\_\_\_

Department/Unit: \_\_\_\_\_

**SECTION I: To be completed by employee requesting accommodation.**

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Job Title: \_\_\_\_\_ Request Date: \_\_\_\_\_

Department Head/Supervisor: \_\_\_\_\_

Location: \_\_\_\_\_ Phone: \_\_\_\_\_

*Note: ADA does not require that a specific or requested accommodation be granted but rather that an appropriate, reasonable accommodation be made to a qualified individual with a disability. The University will make every effort to reasonably accommodate an employee who has a disability if that accommodation allows the employee to fully carry out the duties of his/her position. Every effort will be made to involve the individual with a disability in identifying and implementing reasonable accommodations.*

I am hereby requesting a reasonable accommodation due to my disability. I grant permission to OAC, EEO/AA and individuals identified by the unit as necessary participants in the decision-making process to explore coverage and reasonable accommodations under the Americans with Disabilities Act. I understand that all information obtained during this process will be maintained and used in accordance with ADA confidentiality requirements.

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**Annex A, Cont.**

I further understand that I am required to complete and sign the attached release of information form (*Authorization for Disclosure of Health Information*) giving OAC, EEO/AA permission to consult with my health care professional(s) in order to determine that I am a qualified employee with a disability and to seek guidance as to any functional limitations based on my disability.

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Date

**SECTION II: To be completed by employing department/unit.**

Has the employee signed a Request for Reasonable Accommodation Form (Section I)?

YES  NO  *If no, request signature. (Copy to be given to the employee.)*

\_\_\_\_\_  
Signature of Employing Dept. /Unit Supervisor or Liaison

\_\_\_\_\_  
Date

**Employing Department/Unit:**

Send a copy of the employee's current job description to OAC, EEO/AA at 620 W. Lexington Street, 5<sup>th</sup> Floor, Baltimore, MD 21201.

You may email the job description to [Mary MacFadden](#).

If you have any questions, please call 410-706-2281.

**Employee:**

Send a copy of the entire signed Request for Reasonable Accommodation Form (Section I, II and IIA) to OAC, EEO/AA at 620 W. Lexington Street, 5<sup>th</sup> Floor, Baltimore, MD 21201.

You may email the document to [Mary MacFadden](#).

If you have any questions, please call 410- 706-2281.

**Section IIA:** May contain personal medical information. Please DO NOT SHARE with unauthorized personnel, including your employing department or unit.



**Annex A, Cont.**

**REQUEST FOR REASONABLE ACCOMMODATION FORM - EMPLOYEE (CONT'D)**

**Name:** \_\_\_\_\_

**SECTION IIA: To be completed by employee requesting accommodation.**

*The Genetic Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting, or requiring, genetic information of an individual or family member of the individual, except as specifically allowed by this law.*

*To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.*

Please answer the following questions to assist us in understanding the basis and nature of your request for an accommodation (attach additional sheets if necessary).

- A. Please state the nature of your disability and, as necessary, attach documentation from your qualified health care provider to verify your disability.

- B. What are the limitations caused by your condition(s) that you are currently experiencing? Identify the essential functions affected and be specific about how the medical condition impairs your ability in each instance.

**Annex A, Cont.**

C. Given your limitations, what parts of your assigned job duties are impeded by your condition?

D. Describe the accommodation(s) you are requesting?

E. Explain how the accommodation(s) you are requesting will enable you to perform the essential functions of your job?

F. Will you be able to perform all the essential functions of your job if you receive the requested accommodations? If not, describe the functions you will not be able to perform.

**Annex A, Cont.**

- G. Do you need assistance to identify accommodation(s) that will enable you to perform the essential functions of your job? If you do, explain what type of assistance you need.

- H. Provide any information or suggestions you can on how the requested accommodation(s) can be provided. If known, include the names, address and telephone numbers of vendors and model number and approximate cost of any equipment requested.

**Annex A, Cont.**

**REQUEST FOR REASONABLE ACCOMMODATION FORM – EMPLOYEE (CONT'D)**

**Name:** \_\_\_\_\_

**SECTION III: To be completed by OAC (EEO/AA Staff)**

EEO/AA will send, as necessary, a copy of:

1. The signed Health Care Provider Release Form
2. Job Description
3. Cover letter with questions

To the health care provider(s).

After receiving documentation from the health care provider(s), OAC, EEO/AA will (1) consult with the employee and the supervisor, as necessary and (2) complete the following section:

Has a health care provider documented that the employee has a physical or mental impairment that substantially limits the employee's ability to perform essential job functions?

YES  NO  If yes,

**Recommendations:**

Accommodation Request is: Approved  Denied  Other

List specific reasonable accommodation(s) approved:

\_\_\_\_\_  
Signature of EEO/AA person completing form

\_\_\_\_\_  
Date

Phone: \_\_\_\_\_ Estimated cost of accommodations: \_\_\_\_\_

Forward copies of this confidential form to 620 W. Lexington Street, 5<sup>th</sup> Floor, Baltimore, Maryland 21201. You may email the document to [Mary MacFadden](mailto:Mary.MacFadden).

If you have any questions, please contact **OAC, EEO/AA** at 410-706-2281.