

Leave Request (NOT Requiring ERSC Authorization)

Employee and Retiree Service Center (ERSC)
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20855

INSTRUCTION: To be completed when an employee is requesting annual or personal leave for any number of days/hours, bereavement leave for 5 days or fewer, or all other types of leave for 4 days or fewer. Leave requests not meeting these criteria should be submitted on MCPS Form 430-1. Attach copies of appropriate documentation and submit to your principal/director/supervisor. Approved form must be attached to employee's timesheet. **Refer to reverse side for detailed instructions.**

Name _____ 0 0 0 _____
Last First MI Employee No.

Number of _____ Days (or) _____ Hours Expected Dates of Leave ____/____/____ through ____/____/____

Half day or less A.M. P.M.

School/Location Name _____

Job Title (if teacher, subject/grade) _____ Phone(s) _____ - _____ - _____, _____ - _____ - _____

CHECK TYPE OF LEAVE (See reverse side for explanation, requirements, and Family and Medical Leave Act information)

Annual Personal Sick Leave Illness in Family Intermittent Family Bereavement

Additional Documentation Required Military Training Workers' Compensation

Specify details as appropriate _____

Read reverse side carefully before signing: _____ /____/____
Signature, Employee Date

AUTHORIZATION

Approved (Substitute Required?) Yes No Not Approved (give reason) _____

Signature, Principal/Director/Supervisor Date

Approved Not Approved (give reason) _____

Signature, Deputy/Assoc. Superintendent/Designee Date

ADDITIONAL INFORMATION: For further information refer to the appropriate agreements:

Agreement between Montgomery County Education Association and Board of Education of Montgomery County, Rockville, Maryland

Agreement between Montgomery County Association of Administrators and Principals (MCAAP and MCBOA) and Board of Education of Montgomery County, Rockville, Maryland

Agreement between SEIU Local 500 and Board of Education of Montgomery County, Rockville, Maryland

FAMILY AND MEDICAL LEAVE ACT (FMLA):

Sick Leave and Illness in Family leave may be covered by the Family and Medical Leave Act (FMLA) and, as such, may be counted against your twelve (12) work-week FMLA entitlement. The FMLA covers leave for the birth and care of an employee's newborn child, for placement with the employee of a child for adoption or foster care, to care for an immediate family member with a serious health condition, or for an employee's own serious health condition.

Leave will be without pay unless the employee's annual and/or sick leave is allowable under the Agreement. Employees using paid sick leave not in accordance with the Agreement will be required to reimburse MCPS.

TYPES OF LEAVE

Annual*

Personal*

Sick Leave**

Illness in Family**

Intermittent

Family Bereavement—Specify relationship and date of death.

*Cannot be approved if sufficient leave is not available.

**All hours of available leave will be applied.

READ CAREFULLY BEFORE SIGNING REVERSE SIDE:

I have earned or been advanced leave in the amount requested. I understand that I will be required to repay any monies received for leave taken in excess of that earned if I resign before the end of the fiscal year for which leave is advanced.