

**MONTGOMERY COUNTY PUBLIC SCHOOLS****Leave Request**  
(Requiring ERSC Authorization)

To be completed when an employee is requesting leave of 5 days or more, except annual or personal.

**MONTGOMERY COUNTY PUBLIC SCHOOLS**  
Employee and Retiree Service Center (ERSC) • 45 West Gude Drive, Suite 1200, Rockville, Maryland 20850**INSTRUCTIONS:** Please complete form, discuss leave plans with immediate supervisor, obtain signatures, attach proper documentation, and forward to ERSC. You must submit page 2 with appropriate signatures. Keep a copy for your records. Refer to reverse side for detailed instructions. Understanding of leave policies is your responsibility. Going on leave may impact your benefits and costs, sometimes significantly. Make sure you understand the potential impact by reading this form thoroughly and reviewing the *Employee Benefit Summary* for leave rates. Bereavement leave requests in excess of the contract allowance should be submitted on this form.**SECTION I—ADDITIONAL MCPS FORMS**

Employees submitting a Leave Request may be required to complete additional MCPS forms.

- Employees receiving health benefits and/or life insurance through MCPS who are requesting unpaid long-term leave over 60 days may choose to discontinue coverage during their leave by visiting [Employee Self-Service \(ESS\)](#) web page, clicking on the **Benefits enrollment/changes due to qualifying life event** link, logging in to the Benefits Enrollment System using your MCPS username and password, and following the on-screen instructions.
- Coverage will be cancelled on the first day of the following month if you submit your discontinuation of coverage via ESS by the 20th of the month.
- Failure to discontinue your coverage will be interpreted as a request for continuation of coverage and will result in employee liability for coverage premiums. The cost of plans other than life insurance will be approximately 10-20 times higher than current biweekly benefit deductions, as published on the [ERSC website](#). ERSC will notify employees regarding billing. Failure to make payments by the due date will result in automatic cancellation of coverage.
- Flexible spending accounts (FSAs) may be cancelled if the leave of absence is longer than 60 duty days.
- If the employee moves during the absence, the employee must update their address and/or telephone numbers while on leave by submitting [MCPS Form 445-1, Change in Personal Information](#). Employees in paid status who change their state of residence may experience income tax implications; consult a tax advisor.
- **Members of the Sick Leave Bank must contact their union to apply for a grant.**

**SECTION II—PERSONAL INFORMATION**Name \_\_\_\_\_ 0000 \_\_\_\_\_  
*Last First MI Emp. ID #*

School Name/Location Name \_\_\_\_\_

Job Title \_\_\_\_\_

Phone(s) (H) \_\_\_\_\_ (C) \_\_\_\_\_

**SECTION III—LEAVE DATES**

An expected end date does not guarantee return to work on that date, and employees must work with ERSC and the Office of Human Resources and Development (OHRD) to determine their actual return date. Applicable law, union agreements, and the needs of the school system will govern reassignment upon return from leave.

Number of duty days \_\_\_\_\_ Expected dates of leave \_\_\_\_ / \_\_\_\_ / \_\_\_\_ thru \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last full day worked \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Is this an extension of a previous leave?  **Yes**  **No**Is this a request for intermittent leave?  **Yes**  **No**

- 5–60 Duty Days** (If on approved leave for 60 duty days or less, you will be reinstated to the same or substantially similar position consistent with the employee's union agreement).  **Over 60 Duty Days**

**SECTION IV—TYPE OF LEAVE—See reverse side for explanation, requirements, and Family and Medical Leave Act (FMLA) information.**

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Academic Study (salary)<br><input type="checkbox"/> 50% <input type="checkbox"/> 60% | <input type="checkbox"/> Illness in Family* **<br><input type="checkbox"/> Intermittent | <input type="checkbox"/> Military Service  | <input type="checkbox"/> Summer School  |
| <input type="checkbox"/> Bereavement  | <input type="checkbox"/> Long-Term Family (MCEA members only)                           | <input type="checkbox"/> Professional Improvement<br><input type="checkbox"/> after one year of service<br><input type="checkbox"/> after three years of service | <input type="checkbox"/> Teaching at Approved College or University                                       |
| <input type="checkbox"/> Child Care (including maternity, paternity, adoption)                                | <input type="checkbox"/> Long-Term Personal (MCEA members only)                         | <input type="checkbox"/> Personal Illness* **  | <input type="checkbox"/> Unusual or Imperative (without pay)  |
| <input type="checkbox"/> Civil, Juror, or Witness   | <input type="checkbox"/> Military Training (up to 15 days)                              | <input type="checkbox"/> Political Activity  | <input type="checkbox"/> Unusual or Imperative for Study (MCPS University Partnerships only; without pay) |
| <input type="checkbox"/> Exchange/Overseas Teaching   |   | <input type="checkbox"/> Reimbursable Salary   | <input type="checkbox"/> Workers' Compensation:<br>Date of accident ____/____/____                        |

**\*Employees on Personal Illness or Illness in Family leave must exhaust all available leave before going on unpaid leave.****\*\*MCEA members applying for a grant of additional sick leave through their union's Sick Leave Bank must use all of their available sick leave prior to receiving a grant of additional sick leave.****MCEA members for birth/adoption:**I wish to use:  **All** (up to 10 calendar weeks)  **None**  **# of Days** \_\_\_\_\_ of my available sick leave immediately following the birth or adoption of my child.**MCAAP/SEIU members for birth/adoption:** All eligible hours of available leave as permitted by the Agreement will be applied.**Annual Leave Option for 12-Month Employees for birth/adoption:**I request to use  **All** or \_\_\_\_\_  hours/ days (check one) of my annual leave while on approved leave.

(continue on reverse side)

**SECTION V—ADDITIONAL INFORMATION**

Attach copies of appropriate documentation as stated below and submit to your associate superintendent, director, and/or principal through your immediate supervisor. For further information refer to the appropriate agreements:

- Agreement between Montgomery County Education Association and Board of Education of Montgomery County
- Agreement between Montgomery County Association of Administrators and Principals and Board of Education of Montgomery County
- Agreement between SEIU Local 500 and Board of Education of Montgomery County

**TYPES OF LEAVE**

**Academic Study (After 7 Years Of Continuous Service)** *Competitive (Note 3).* Attach acceptance letter and intended courses/credits (per semester). (See applicable union agreement.)

**Child Care** (including maternity, paternity, adoption) *With/without pay (Notes 1, 2).* **Maternity/Paternity:** Submit [MCPS Form 440-35, Certification Of Physician or Health Care Provider](#) with due date; **Child Care:** submit a copy of the birth certificate; **Adoptions:** submit a copy of the legal papers.

**Civil, Juror, or Witness** Not applicable when employee is plaintiff or defendant. Attach a copy of subpoena.

**Exchange/Overseas Teaching** Attach verification of assignment (contract, offer letter, etc.). Upon return from leave, must provide letter of teaching completion for experience credit.

**Illness in Family** *With/without pay (Notes 1, 2).* You must submit [MCPS Form 440-35, Certification Of Physician or Health Care Provider](#) (include date(s) of absence and explanation).

**Intermittent** Submit application and [MCPS Form 440-35, Certification Of Physician or Health Care Provider](#)

**Long Term Family Leave** *Without pay (Note 1).* **MCEA members only.** Submit copy of the birth certificate.

**Long-term Personal Leave** (Note 1) **MCEA members only.** Attach detailed explanation.

**Military Training (Up to 15 Days)** Attach copy of official orders; must indicate training.

**Military Service** Attach copy of official orders.

**Personal Illness** *With/without pay (Notes 1, 2).* You must submit [MCPS Form 440-35, Certification Of Physician or Health Care Provider](#) or other appropriate medical documentation. [MCPS Form 440-40M, Return to Work Evaluation: MCEA Employees](#), or [MCPS Form 440-40S, Return to Work Evaluation: SEIU Employees](#) completed by your physician/health care provider indicating fitness for duty and approved by OHRD is required prior to returning from leave. Please review the requirements on MCPS Forms 440-40M/440-40S.

**Political Activity** Request must be in writing. Attach verification from sponsoring agency/department.

**Professional Improvement Leave** *Without Pay (Note 3).* After 3 years may include benefits with acceptance of Professional Improvement Leave contract. After 1 year, no benefits. Attach: letter of acceptance, intended courses with course number and number of credits per course, and written explanation of your leave objectives and benefits to you and MCPS.

**Reimbursable Salary Leave** Appropriate verification required when loaned to a university, government or MCPS partner.

**Summer School** Appropriate verification required. Submit grades/transcripts at the conclusion of summer school.

**Teaching at Approved College or University** *Without pay (Note 3).* Attach verification of assignment (contract, offer letter, etc.). Upon return from leave, must provide letter of teaching completion for experience credit.

**Unusual or Imperative** *Without pay (Note 1).* Attach detailed explanation of reason for request.

**Unusual or Imperative for Study** *MCPS University Partnerships only; without pay (Notes 1, 3).* Attach letter of acceptance and intended courses with course number and number of credits per course.

**Workers' Compensation** (Note 2). Report ALL time used for Workers' Compensation Leave. Attach [MCPS Form 440-35, Certification Of Physician or Health Care Provider](#). If not in the Managed Care Program or if absence is beyond one year from date of incident, leave will be processed as Personal Illness Leave, reducing your available leave balance.

**NOTES:**

1. This leave category without pay is **not** creditable service for salary schedule placement or retirement credit.
2. MCPS conforms to the requirements of the Family and Medical Leave Act of 1993 (FMLA). Employees are subject to FMLA definitions and criteria, available on the [ERSC website](#). Any and all leave that is covered by FMLA will be counted against annual twelve (12) work week FMLA leave entitlement.
3. Upon return from Professional Improvement Leave, employees must submit official transcripts for experience credit.

**READ CAREFULLY BEFORE SIGNING BELOW**

I understand that leave will be without pay unless my annual and/or sick leave is allowable under the applicable Agreement and is requested. If I use paid leave that I have not earned, I will be required to reimburse MCPS. I understand that I may not withdraw my contributions from the MCPS Employees' Retirement/Pension System or Maryland State Teachers Retirement/Pension systems while on leave. To request credit for the qualifying period, ERSC will submit [Maryland State Retirement Agency \(MSRA\) Form 046, Qualified Leave of Absence Request](#) for leave over 60 duty days; it is my responsibility to submit [MSRA Form 046](#) if I am taking leave of less than 60 duty days without pay. Failure to complete these forms may preclude me from receiving retirement credit. To be eligible and receive retirement credit for the qualified approved leave period, I must submit the appropriate form(s)—determined by my pension plan membership—while an active employee and repay any missed contributions plus interest. State core and MCPS supplemental plan members need to submit both [MSRA Form 26, Request to Purchase Previous Service](#) and [ERSC Form 421, Request to Purchase Service](#). MCPS core and supplemental members need to submit only [ERSC Form 421](#). Retirement credit for approved leave may not exceed two (2) years.

It is my responsibility to immediately notify ERSC of any changes in the condition for which leave was granted.

**SECTION VI—REQUIRED SIGNATURES**

I have read and understand the information on this form, including the impact my leave may have on my employee benefits.

0000 \_\_\_\_\_ /\_\_\_\_/\_\_\_\_  
Emp. ID# Employee Signature Date

Reviewed request: Comments \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Printed Name, Principal/Director Signature, Principal/Director Date

Reviewed request (for Academic Leave, Professional Leave and/or Unusual or Imperative Leave for Study):

Comments \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Printed Name Office of Human Resources and Development and/or Associate Superintendent Signature Office of Human Resources and Development and/or Associate Superintendent Date

**ERSC Use Only**

Approved \_\_\_\_\_ /\_\_\_\_/\_\_\_\_  
Printed Name Date

Not Approved \_\_\_\_\_ /\_\_\_\_/\_\_\_\_  
Signature Date