



Leave Request

(Requiring ERSC Authorization)

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

MCPS Form 430-1
December 2011

Employee and Retiree Service Center (ERSC)
MONTGOMERY COUNTY PUBLIC SCHOOLS

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 **must submit MCPS Form 455-20: Employee Benefit Plan Enrollment if they wish to discontinue coverage during leave.**
- **Failure to submit MCPS Form 455-20 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](#). Employees will be notified by ERSC regarding billing. Failure to make payments by the due date will result in automatic cancellation of coverage.
- Employees may need to revise their address and/or telephone numbers while on leave. Employees submitting changes must use MCPS Form 445-1: *Change in Personal Information*. Employees in a 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

5-60 Duty Days (If on approved leave for 60 duty days or less, you will be reinstated to same position.) **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"/> Personal Illness | <input type="checkbox"/> Civil, Juror, or Witness | <input type="checkbox"/> Professional Improvement | <input type="checkbox"/> Long Term Personal (MCEA members only) |
| <input type="checkbox"/> Illness in Family | <input type="checkbox"/> Military Training (up to 15 days) | <input type="checkbox"/> after one year of service | <input type="checkbox"/> Bereavement |
| <input type="checkbox"/> Child Care (including maternity, paternity, adoption) | <input type="checkbox"/> Military Service | <input type="checkbox"/> after three years of service | <input type="checkbox"/> Unusual or Imperative (without pay) |
| <input type="checkbox"/> Long Term Family (MCEA members only) | <input type="checkbox"/> Political Activity | <input type="checkbox"/> Reimbursable Salary | <input type="checkbox"/> Unusual or Imperative for Study (without pay) |
| <input type="checkbox"/> Workers' Compensation: Date of accident ____/____/____ | <input type="checkbox"/> Exchange/Overseas Teaching | <input type="checkbox"/> Academic Study (salary) <input type="checkbox"/> 50% <input type="checkbox"/> 60% | |
| | <input type="checkbox"/> Teaching at Approved College or University | <input type="checkbox"/> Summer School | |

Employees must use all available leave when applying for Personal Illness or Illness in the Family 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.

SECTION V—ADDITIONAL INFORMATION

Attach copies of appropriate documentation as stated below and submit to your community 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).

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 440-40: *Return to Work Evaluation* from your physician indicating fitness for duty and approved by OHRD may be required prior to returning from leave. Please review the requirements on MCPS Form 440-40.

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 *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 leave, 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 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' State Teachers Pension or Retirement Systems while on leave. To request credit for the qualifying period, ERSC will submit MD State Retirement form MSRA 046 for leave over 60 duty days; it is my responsibility to submit if taking leave of less than 60 duty days without pay. Failure to complete these forms may preclude me from receiving retirement credit. 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 Community Superintendent Signature Office of Human Resources and Development and/or Community Superintendent Date

ERSC Use Only

Approved _____ /_____/_____
Printed Name Date

Not Approved _____ /_____/_____
Signature Date