

Office of Human Resources  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20855

LEAVE REQUEST  
NOT Requiring Office of Human Resources Authorization  
4 days or fewer

**INSTRUCTION:** To be completed when an employee is requesting leave for 4 days or fewer. Refer to reverse side for detailed instructions. If leave is for more than 4 days, complete MCPS Form 430-1, with the exception of annual leave.

Name \_\_\_\_\_  
*Last First MI Employee No.*

Number of \_\_\_\_\_ Days (or) \_\_\_\_\_ Hours Expected Dates of Leave \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

Half day or less  A.M.  P.M. Member of Sick Leave Bank  Yes  No

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  Personal Illness  Illness in Family  Family Bereavement

**Additional Authorization Required**  Civil, Juror, or Witness  Professional Meeting (give details below).  Unusual or Imperative

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 Date*

Approved  Not Approved (give reason) \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
*Signature, Deputy/Assoc. Superintendent/Designee Date*

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\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
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**INSTRUCTIONS:** Complete all items on reverse side. Attach copies of appropriate documentation and submit to your principal/director 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 Administrative and Supervisory Personnel and Board of Education of Montgomery County, Rockville, Maryland

\*Agreement between Montgomery County Council of Supporting Services Employees and Board of Education of Montgomery County

**NOTE:** Any and all leave that you take is covered by the Family and Medical Leave Act (FMLA) and will be counted against your annual twelve (12) workweek FMLA leave 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.

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## TYPES OF LEAVE

**Annual**

**Personal**

**Personal Illness\***

**Illness in Family\***

**Family Bereavement**—Specify relationship and date of death.

**Civil, Juror, or Witness**—Not applicable when employee is plaintiff or defendant. Attach a copy of subpoena. (Requires approval of deputy/associate superintendent.)

**Professional Meeting**—Give details.

**Unusual or Imperative**—Without pay.\* Attach detailed explanation of reason for request. (Requires approval of associate superintendent.)

\*This leave category without pay is *not* creditable service for salary schedule placement.

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## 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.