



CECIL COUNTY PUBLIC SCHOOLS Leave Request Form

Employee's Instructions:

1. Please read this form thoroughly, complete, and sign.
2. Attach appropriate verification documentation and give to the Principal/Next-in-Line Administrator to sign.
3. Keep completed and signed pink copy and submit to the Department of Human Resources at least **30 days prior to the leave start date**. Refer to the employee

New Revised Request A&S Teacher Supporting Services

Name of Employee: _____

Employee ID #: _____

Location/School: _____

Job Title: _____

Part-Time Employee (<30 hrs/week) Full-Time Employee (30+ hrs/week)

Date of Hire: _____ / _____ / _____

Member of Sick Leave Bank Yes No

Phone # (while on leave): _____

Expected/Requested leave dates _____ / _____ / _____ thru _____ / _____ / _____

Due Date (if applicable) _____ / _____ / _____

Are you Requesting Intermittent Leave? Yes No *If yes, attach a physician's note indicating intermittent or reduced schedule*

Reason(s) for Leave: (Check all that apply)

- Disability due to Childbirth^{*1,2} (normal disability period following childbirth is 6 weeks for normal delivery or 8 weeks for C-Section)
- Short Term Childcare Leave^{*1,2} (leave without pay immediately following a birth or adoption of a child for 12 weeks or less, as allowed under FMLA)
- Long Term Childcare Leave^{*2} (leave without pay immediately following a birth or adoption of a child lasting longer than 12 weeks but less than 2 yrs)
- Personal Illness^{*1} (including complications due to pregnancy) Reason: _____
- Family Illness to care for a seriously ill Spouse Child Parent Name _____
- Military Leave of Absence (Attach Orders)
- Sabbatical
- Other Reason: _____

^{*1} Attach a Physician's note verifying diagnosis with start and end dates of disability period must be submitted with this request for approval.

^{*2} If you wish your child to be covered under any healthcare coverage, proof and an application must be completed within 31 days of adoption or birth of the child.

Additional Information: _____

I agree to and understand the following:

- The State Retirement and Pension System of Maryland (SRPS) contributions will not be taken from my paycheck for a period of unpaid leave and it is my responsibility to submit a MSRA Form 46 to protect my retirement benefits while on a qualified leave. If I fail to complete this form, I may be precluded from receiving retirement credit for this leave period.
- It is my responsibility to notify my Principal/Supervisor and the Supervisor of Human Resources, immediately, of any change(s) in connection with this request (including an address change) while I am on leave.
- Leave is without pay unless the situation qualifies me to use my own accumulated sick, personal or annual leave. If I am a member of the Sick Leave Bank (SLB) and I run out of my own leave, it is my responsibility to request and submit a SLB request for days I am unable to work due to an illness or accident.
- It is my responsibility to complete an Employee Change Request Form, necessary paperwork, and notify the benefits department, in writing, of my decision to continue or change any of my benefits. Changes in benefits, including the addition of a newborn or adopted child, must be made within 31 days of childbirth, adoption or family status change for coverage to be effective.

X _____
Employee's Signature

Date

X _____
Principal's/Supervisor's Signature

Date

To Be Completed by Supervisor of Human Resources

This leave request has been reviewed for the period of absence listed above. The decision to approve/disapprove this request is as follows:

Approve Disapprove Qualifies for FMLA Given to Benefits Office Date _____

Comments: _____

X _____
Supervisor of Human Resource Signature

Date

Distribution: White - Human Resource/Personnel File Yellow - Supervisor/Principal Pink - Employee

Note: Maintain the pink copy for your records and forward this request, with appropriate documentation(s), to the Department of Human Resources.

Instructions for Requesting a Leave of Absence:

- 1) The employee should complete and sign the "Leave Request Form."
- 2) Attach required documentation containing the reason and dates for leave must be attached.
(For example: doctor's note, military paperwork, etc.)
- 3) Employee's Principal/Next in Line Administrator will need to sign the "Leave Request Form."
- 4) Employee should keep Pink Copy for their records.
(Supervisor/Principal should not keep the yellow copy since it will be sent to them upon approval/disapproval.)
- 5) Submit the completed request to the Department of Human Resources.
(Request must be received 30 days prior to beginning of leave.)
- 6) Once the Human Resources Department receives the request for leave, it will be reviewed and a response will be sent to the employee. A copy of the response will be sent to Payroll, Benefits and the Supervisor/Principal.