



Childrearing, Study/Professional or Other General Leave of Absence Request Packet

The Howard County Education Association (HCEA) and Howard County Education Association for Educational Support Professionals (ESP) negotiated agreements provide detailed information pertaining to eligibility and duration information pertaining to childrearing and study/professional leave.

Please refer to your appropriate negotiated agreement for information regarding qualified childrearing and study/professional leaves of absence:

Please be advised that any school system employee who is pursuing a childrearing, study/professional or other qualifying leave of absence must submit a complete request for leave of absence to be evaluated for approval. *Completion of this packet and/or contacting your principal or supervisor does not mean that your leave is approved. The Office of Human Resources will contact you regarding your leave request.*

Please submit all required documentation to the Office of Human Resources.

It is your responsibility to complete the documentation detailed below and included in this packet. Required documents should be returned to the Office of Human Resources. Failure to return all required documentation will result in a delay in evaluating/approving your leave of absence request and may result in your entering into an unpaid status.

Please use the check-list below to assist you with completing all required documents for your leave of absence request. **This check-list must be submitted as the cover page for your leave of absence request.**

Required Documentation:

- Leave of Absence Request Form (required)
- Birth Certificate (required for Childrearing Leave)
- Verification of Program Acceptance and Coursework (required for Study/Professional Leave)
- Verification/Documentation to support leave (required for leave requests identified as Other)
- Benefits Billing Form (required)
- Maryland State Retirement Form (optional for study/professional leave and for childrearing leave only if it immediately follows an approved FMLA leave of absence)

I have completed and included all required documentation as indicated in the check-list above. I am aware that the failure to submit a *complete* leave of absence request, including all of the required documents above will result in a delay in evaluating this request and the approval of my leave.

Employee Signature

_____/_____/_____
Date

All leave of absence forms can be faxed to the Office of Human Resources at 410-680-3427.
If you have any questions regarding this procedure or the forms in this packet,
please email HRLeaveOfAbsence@hcps.org or call 410-313-6612.



Request for Leave of Absence Form

Child Rearing • Study/Professional • Other General Leave

Complete **all** information below. Attach the appropriate documentation and submit to the Office of Human Resources 30 days prior to the start of leave date or as soon as possible for unforeseen leave. Requests for upcoming school year leave must be submitted no later than July 15. Refer to appropriate negotiated agreements and HCPSS policies for information regarding qualified leaves of absence. **Completion of this form does not mean your leave is approved. The Office of Human Resources will contact you regarding your leave request.**

All leave of absence forms can be faxed to the Office of Human Resources at 410-680-3427. If you have any questions regarding this procedure or the forms in this packet, please email HRLeaveOfAbsence@hcpss.org or call 410-313-6612.

Name (print) _____ Employee number _____ Work Location _____

Address _____ Position _____

City _____ State _____ Zip _____ Email while on leave _____

Home phone _____ Supervisor name _____

Cell phone _____ Time Keeper/Absence Partner _____

Reason for Leave of absence:

- Child Rearing General Leave non MSRA qualifying leave
- Study/Professional General Leave (July 15th deadline) MSRA qualifying leave
- Other General Leave - non MSRA qualifying leave _____

Requested leave dates: ___/___/___ thru ___/___/___

I agree and understand the following:

- It is my responsibility to **immediately** notify the Office of Human Resources of any change(s) in connection with this request (including an address change) while I am on leave.
- This leave is unpaid and I must contact the Benefits Office at 410-313-1557 or 1564 prior to the beginning of my leave.
- Maryland State Retirement Agency (MSRA) deductions will not be sent to MSRA for a period of unpaid leave. It is my responsibility to submit an MSRS-46 Form 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. Questions regarding what constitutes qualified/unqualified leave and the impact on my membership, should be directed to the MSRA at 1-800-492-5909.
- It is my responsibility to read the eligibility requirements and understand the conditions under which child rearing or study/professional leave may be granted.
- **If approved for child rearing leave,** I will not accept other employment during regular work hours with the exception of the terms stated in Article XVII(l) of the HCEA negotiated agreement(not applicable for all other negotiated agreements). I understand that the leave is intended solely for the purpose of rearing an infant or young child, and I have disclosed all facts relative to this request.
- **If approved for study/professional leave,** I agree to submit grade slips, transcripts, or report by such other method as determined by the Superintendent or his designee, to the Director of Human Resources upon completion of each semester's work, as the method for reporting my academic progress and evidencing fulfillment of my obligation to complete the program of studies or list of specific courses on which this leave was granted.
- I understand that approval of my leave request and any benefits due me upon return are specifically contingent upon which the granting of leave is based, unless the modification is approved by the Superintendent or his designee.
- I also understand that I must notify the Office of Human Resources by **March 1** regarding my intention to return from leave. Failure to do so will be construed as a lack of interest in continued employment, and I understand my termination will be effective on June 30.

I understand my leave is not approved until I receive confirmation from the Office of Human Resources.

Employee Signature _____ Date ___/___/___

Human Resources Use Only: Type of Leave _____ Status of Leave Request Approved Not Approved

Employment date ___/___/___ Hours per week _____ Days per year _____ FTE _____ Tenure date ___/___/___ Prob. date ___/___/___

Leave start date ___/___/___ End date ___/___/___ Estimated return to work ___/___/___

Declared a vacancy ___/___/___ HR Signature _____ Date ___/___/___

Remarks _____ Sick leave can be used thru ___/___/___

Leave start date ___/___/___ End date ___/___/___ Return ___/___/___ FMLA/Gen: _____

Extension(s) date ___/___/___ From ___/___/___ To ___/___/___ Return ___/___/___

date ___/___/___ From ___/___/___ To ___/___/___ Return ___/___/___



Benefits Billing Form

Employee name: _____ Employee ID _____

Benefits Billing Information - *Employees must elect one of the following options*

- I wish to continue my benefits beyond my approved FMLA or upon approval of a general leave of absence. The premium is determined by paid/unpaid status. If I reach unpaid status while on general leave, I will be responsible for 100% of the premium cost.
- I **do not** wish to continue my benefits beyond my approved FMLA or upon approval of a leave of absence. My benefits will terminate the last day of the month my FMLA ends.

I have read the above and understand the following:

- I am responsible for any missed premiums while on an unpaid leave of absence.
- I cannot cancel my health, dental, and vision benefit elections while on FMLA leave, unless there is a qualifying event.
- I need to re-enroll in benefits within 30 days of my return from a general leave of absence.
- I am eligible to convert my life and LTD policies to individual policies within 30 days of loss of coverage, while on an unpaid approved leave of absence beyond the FMLA leave period, and that the rates will be different.
- I have the option to cancel my benefits while on an unpaid general leave of absence.
- I understand that HCPSS will maintain my group term life insurance policy, while on paid/unpaid approved FMLA leave.
- I understand upon return to work, additional Health flex deductions will be taken to cover for any missed deductions while on unpaid FMLA leave.

By signing, I have read and understand the information contained in this document as it applies to my benefits while I am on an approved leave of absence from the Howard County Public School System.

Employee signature _____ Date ____/____/____

HR Use only

FMLA leave: Yes No FMLA starts on ____/____/____ FMLA ends on ____/____/____

General leave: Yes No General leave starts on ____/____/____ General leave ends on ____/____/____



Benefits Information while on FMLA/General Leave of Absence

During your paid/unpaid Family and Medical Leave Act (FMLA) leave, the Howard County Public School System (HCPSS) will maintain your current benefit elections. The payment of premium amount owed to the HCPSS during a paid/unpaid FMLA leave will be as follows;

Paid FMLA: Premiums for your medical, dental, vision, Long Term Disability (LTD), Short Term Disability (STD) and/or Voluntary benefits will continue to be deducted from your pay check.

Unpaid FMLA: Premiums for your medical, dental, vision, LTD and/or STD coverage(s) and/or Voluntary benefits that would normally be deducted from your pay check will be directly billed by Kelly and Associates to your home address.

General Leave

In the event you do not qualify for FMLA, or you are on an **unpaid** general leave of absence beyond the FMLA period, you will be responsible for 100% of the premiums for medical, dental, vision and/or LTF coverage(s) the first of the following month. Please refer to the Leave of Absence (LOA) rate sheet attached. Jasper and Company will directly bill you for the premium amount owed to continue your current coverage(s). Failure to make premium payments by the due date will result in cancellation of benefits.

Life Insurance: If you wish to continue your life insurance coverage, while on an unpaid approved leave of absence beyond your FMLA leave, you may convert your current life insurance policy to a new individual policy by applying for the individual policy within 30 days after your group life insurance stops. You will be responsible to request a conversion form for the life insurance policy from the Benefits Office. Premiums will be invoiced directly by Metlife. Please note, the rates will be different.

LTD Coverage: If you wish to continue your LTD coverage, while on an unpaid approved leave of absence beyond the FMA leave, you may convert your current LTD coverage to a new individual policy by applying for the policy within 30 days after your LTD coverage stops. You will be responsible to request a conversion application from the Benefits Office. The premiums will be invoiced directly through the LTD carrier. Please note that the rates will be different. If you do not return within your FMLA period, you will be required to re-enroll in LTD, by submitting a Medical History Statement to the carrier within 30 days of your return.

Flex Medical and Dependent Care: You will **not be billed** for your flex deductions while on unpaid FMLA leave. Upon return to work, in addition to your regular flex deduction(s), **additional Health Flex deductions will be taken** to cover for your missed flex deduction(s) while on unpaid FMLA leave.

Returning to Work from Leave

Upon returning to work from a general leave of absence, you will be required to re-enroll in benefits within 30 days of your return date, by updating your benefits through Workday. The coverage effective date will be the first of the month following your return date.

Benefits Rates while on UNPAID General Leave of Absence

Leave of Absence Monthly Rates as of July 2020

Medical

Coverage	Blue Choice HMO	Aetna Select HMO	Aetna PPO
Individual	579.92	555.33	681.33
Parent/child(ren)*	1160.17	1082.00	1327.25
Employee/spouse	1276.25	1217.50	1493.83
Family	1873.33	1741.08	2136.33

*Please note that Aetna covers parent and children

Dental

Coverage	Cigna DHMO	Delta Dental
Individual	11.67	32.58
Parent/child(ren)*	26.17	52.67
Employee/spouse	19.83	75.17
Family	36.83	101.33

*Please note that Cigna and Delta covers parent and children

Vision

Coverage	VSP
Individual	6.83
Parent/child(ren)*	9.33
Employee/spouse	13.67
Family	17.42

*Please note that VSP covers parent and children

Instructions for Completing Form 46

TO THE MEMBER:

To apply to be placed on a qualifying approved leave of absence, complete the identification boxes at the top of the form, including social security number, phone number, name and address.

Check the type of qualifying leave you are requesting and complete the boxes for the beginning and ending dates. It is important to sign and date at the bottom of the Type of Qualifying Leave section.

Attach explanation and all supporting documentation.

If you are notifying the Maryland State Retirement Agency of military service entry, please enter the date you report for service. It is important to sign and date the form at the bottom of the Notification of Military Service Entry section. The Retirement Coordinator section does not need to be completed when reporting a military service entry date.

TO THE RETIREMENT COORDINATOR:

Check the appropriate system for the applicant for a qualifying approved leave of absence. Enter the date the leave was approved. Enter the employing agency code, input the Agency Name, then sign and date the form. A phone number is requested should questions arise.

When Form 46 is used for notification of military service entry, you do not need to complete the Retirement Coordinator section.

Service Credit for a Qualifying Leave of Absence

A member may be entitled to receive eligibility and creditable service for certain periods of employer approved leave of absence from employment, if the leave of absence meets the criteria for a "qualifying leave of absence" pursuant to the Board of Trustees' regulations, set forth at Code of Maryland Regulations 22.05.01. To receive service credit for a qualifying leave of absence, a member:

- Must properly complete and submit this application to the Retirement Agency (signed by both the member and the member's employer) before the member commences a qualifying leave of absence;
- Must supply supporting explanation and documentation of leave, and promptly provide additional information at the request of the Retirement Agency;
- Must not be otherwise entitled to receive eligibility and creditable service credit during the period of the member's absence under State Personnel and Pensions Article, Division II or III, Annotated Code of Maryland; and
- Must pay the required member contributions with regular interest before retirement, as provided in this regulation.

If a member separates from employment, any eligible service credit for a qualified leave of absence must be purchased within 60 days of the expiration of the leave of absence.

Notification of Military Service Entry

If you are called to active military duty or active/inactive duty for training during your membership, you should file Form 46 before leaving employment. The filing of this form serves only to give the Maryland State Retirement Agency notice of your absence.

You may claim up to five years of military credit upon returning to work, provided:

- you return to work with a participating employer within one year of your discharge from active duty or training; and,
- you do not accept other permanent employment between your date of discharge and your return to work

For additional information, refer to the following form/pamphlet. Print forms on-line at sra.maryland.gov.

SRA Form 43 – Claim of Retirement Credit for Military Service

SRA Pamphlet – Guide to Military Service

Mail completed form to:

Maryland State Retirement Agency • 120 East Baltimore Street • Baltimore, MD 21202-6700

Need help? Call a retirement benefits specialist at 410-625-5555 or 1-800-492-5909.