



# Request for Leave of Absence Form

Personal Illness – Family Illness – Maternity/Paternity/Adoption – Military

Complete all information below. Attach and submit **all required documentation** (see full list on cover page) to the Office of Human Resources 30 days prior to the start of leave. When the need for leave is not foreseeable, such notice must be given as soon as possible, preferably within one or two business days of when the employee learns of the need for leave (HCPSS Policy 7100-IP).

Failure to return all required documentation will result in the delay in evaluating your leave of absence request. 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.**  
For questions, please contact Pamela Saulsbury at [pamela\\_saulsbury@hcpss.org](mailto:pamela_saulsbury@hcpss.org).

Name (print) _____			Employee Number _____	Work Location _____
Address _____			Position _____	
City _____	State _____	Zip _____	Email while on leave _____	
Home Phone _____	Cell Phone _____	Supervisor _____		
			Time Keeper/Absence Partner _____	

### Reason(s) for Requested Leave of absence – check all that apply:

- Personal Illness     
  Family Illness – to care for a seriously ill  
   
  Spouse    Child    Parent     
  Maternity/Paternity/Adoption     
  Military Leave

Requested leave dates\*: \_\_\_\_\_ thru \_\_\_\_\_ or number of weeks: \_\_\_\_\_      Intermittent FMLA Leave:  Yes  No  
 \*Requested leave dates must include **all** consecutive days of absence from work, including those leading up to the submission of this request.

### Check all Types of Leave to be Use

- Earned Sick Leave     
  Unearned Sick Leave\*\*  
   
 (HCAA/HCEA/HCEA-ESP employees only)  
   
 \*\* Please REVIEW bullet #3 and #4 below     
  Earned Personal Leave     
  Annual Leave

### I agree and understand the following:

- Maryland State Retirement Agency (MSRA) contributions will not be taken from my paycheck for a period of unpaid leave. It is my responsibility to submit an MSRA-Form 046 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 *immediately* notify my Principal/Supervisor and the Office of Human Resources of any change(s) in connection with this request (including an address change) while I am on leave. **This includes any changes to the start and/or end date of my leave of absence.**
- \*\*Employees who vacate their position and have used more sick leave than earned will be invoiced and shall be required to REIMBURSE HCPSS and/or have their pay adjusted for the appropriate amount of days.**
- I understand that it is my responsibility to select the appropriate type of leave to be used while I am on leave. **The payroll office will only use the type of leave that I have selected on this leave request form.** If no leave type is indicated, the Office of Human Resources will apply the required type of leave, per HCPSS Policy 7100. **\*\*HCAA/HCEA/HCEA-ESP employees must specify whether or not they want to use unearned sick leave while on a leave of absence. If the unearned sick leave box is not checked, my unearned sick leave will not be used during this absence.**
- If I am a member of any Sick Leave Bank (SLB) and I run out of my own leave, it is my responsibility to contact the Sick Bank to request and submit a Sick Leave Bank request for the days I am unable to work.
- I understand that upon my healthcare provider's clearance to return to work, I will be returned to a position for which I am qualified. I also understand that this means that I may not necessarily be returned to the position that I was in when I requested my leave.
- If my leave is unpaid from the Howard County Public School System (HCPSS), I must contact the Benefits Office at 410-313-6710 or 1564 prior to the beginning of my unpaid leave.
- 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: \_\_\_\_\_

FMLA Approval:  Continuous FMLA    Intermittent FMLA      Number Days Eligible: \_\_\_\_\_ Number Days Previously Used: \_\_\_\_\_  
 General Leave:  Approved       Denied      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: \_\_\_\_\_ FMLA/Gen: \_\_\_\_\_

Date: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Return: \_\_\_\_\_ FMLA/Gen: \_\_\_\_\_