



# Leave of Absence Information and Request Packet

The Family and Medical Leave Act (FLMA) of 1993 allows **eligible** employees to be absent from their positions for a serious health condition, birth or adoption of a child, up to 12 weeks during a 12-month period for an FMLA qualifying reason. These reasons are provided below.

## **Personal Illness • Family Member Illness • Military • Maternity • Paternity • Adoption**

Please be advised that any school system employee who is absent for more than 10 consecutive sick days must apply for, and be placed on, an approved leave of absence with the Office of Human Resources. *Contacting your principal or supervisor does not automatically activate a request for or an approval of a leave of absence.*

Please submit all required documentation to the Office of Human Resources 30 days prior to the start of leave. When the need for leave is not foreseeable, a request for leave of absence must be submitted as soon as possible, preferably within one or two business days of when you learn of the need for leave (HCPSS Policy 7100-IP)

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. Completion of this packet does not mean your leave is approved. The Office of Human Resources will contact you regarding your leave approval.**

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)**

- Requested leave dates must include **all** consecutive days of absence from work, including those leading up to the submission of this request. Please be sure to share/review these absence dates with your healthcare provider so that they are considered in your total leave of absence period.

#### **Healthcare Provider Certification Form (required)**

- To be completed by both you and your healthcare provider
- The dates provided by your healthcare provider detailing your *probable duration of incapacity must match the requested leave dates* on your Leave of Absence Request Form.

#### **MD State Retirement Form**

- Only applicable if you are out for more than 30 days, and any of your leave is unpaid
- It is the employee's responsibility to complete and submit this form.

#### **Benefits Billing Form (required)**

**I have completed and included all required documentation as indicated in the check-list above. I am aware that 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@hcpss.org](mailto:HRLeaveOfAbsence@hcpss.org) or call 410-313-6612.

For questions regarding benefits while on leave, please contact the Benefits Office  
at 410-313-1564, 410-313-1557, or via email at [Benefits@hcpss.org](mailto:Benefits@hcpss.org).