Howard County Public School System

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(I) 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__/__/_____