Garrett County Public Schools

Family and Medical Leave Act
(FMLA)

Information Packet

This publication is intended for Garrett County Public School (GCPS) employees who wish to take leave. This publication provides guidelines on GCPS personnel policies and bargaining agreements, outlines federal and state laws governing leave, and provides further understanding and answers to some commonly asked questions. This publication is provided for information purposes only and is not intended to create an expressed or implied contract, or alter employment relationships, contracts or supersede any previous handbooks or written policies. GCPS reserves the right to change these guidelines at any time.
WHAT IS FAMILY AND MEDICAL LEAVE?

The Family and Medical Leave Act (FMLA) is federal legislation which entitles eligible employees up to twelve (12) weeks of leave during a 12-month period or up to 26 weeks for military related leave. Leave will be granted for the following reasons:

- The employee's own serious health condition that renders the employee unable to perform the functions of the employee's position or job, including absence due to Worker’s Compensation.

- To care for a spouse, child, or parent who has a serious health condition.

- The birth of the employee's child and to care for that child.

- The placement with the employee of a child for adoption or foster care, and to care for the newly placed child.

- A qualifying exigency leave arising out of the fact that your spouse, child or parent is a covered military member on active duty or has been notified of an impending call or order to active duty in any component of the Armed Forces.

- Military caregiver leave – A covered employer must grant an eligible employee up to a total of 26 workweeks of unpaid, job-protected leave during a “single 12-month period” to care for a covered servicemember with a serious injury or illness. The employee must be the spouse, son, daughter, or next of kin of the covered servicemember.

WHAT DOES FMLA MEAN FOR ME?

- If you meet the eligibility requirements, you may take time off under FMLA without that time being held against you in employment actions such as hiring, promotions, or discipline.

- You may take FMLA leave in a single block of time (e.g., surgery) or in multiple smaller blocks of time (e.g., medically necessary treatments). Leave may be taken intermittently or on a reduced work schedule for personal illness or to care for the illness of a child, spouse, or parent only when there is a certified medical necessity to do so.

- When you return from FMLA leave, you will be reinstated to the same position or to a similar position with equivalent pay, benefits, and other employment terms and conditions.

FMLA will run concurrently with all other leaves (i.e., sick, family illness, annual, personal, Worker’s Compensation, disability, etc.) for which you are eligible.
HOW TO REQUEST LEAVE

- Discuss with the Office of Human Resources and Employee Relations. If possible, give at least 30 days’ notice.

- Familiarize yourself with the leave policies. Refer to your negotiated agreement and Board policy and procedures.

- Complete the Leave Request Form. If the leave is foreseeable, you must make your request for Family Medical Leave (FMLA) at least 30 days prior to the commencement of the leave.

- If you want to extend your leave past the 12 weeks allowed under FMLA, you must discuss your leave request with the Office of Human Resources and Employee Relations. Extending your leave beyond 12 weeks may affect your share of the cost of your benefits.

COMPLETE THE NECESSARY PAPERWORK

Upon receipt of your leave request, the Office of Human Resources will calculate your eligibility based on the following criteria:

1. Have you been employed by Garrett County Public Schools for at least 12 months?  
   ______ Yes  ______ No

2. Are you an employee who has worked 1250 hours within the 12-month period prior to the commencement of the requested FMLA? ______ Yes______ No

The Office of Human Resources and Employee Relations will send you a Notice of Eligibility Rights and Responsibilities indicating your eligibility for FMLA, along with the applicable forms listed below. Prior to your leave, complete and submit the required forms to the Office of Human Resources and Employee Relations:

- Healthcare Provider Certification Form - to be completed by your treating physician within 15 days of receipt from the Office of Human Resources and Employee Relations.

- Sick Leave Bank (SLB) Request Form - if you are a member of the SLB and you do not have enough sick leave to cover your disability period, you may qualify for a grant from the SLB. Please refer to your negotiated agreement and SLB rules and regulations for more information.

IF YOU TAKE LEAVE WITHOUT PAY, SUBMIT THE FOLLOWING ADDITIONAL PAPERWORK:

- MSRPS – Form 46 – (Application to be Placed on a Qualifying Approved Leave of Absence with the Maryland State Retirement and Pension System). Complete and return this form to the Office of Human Resources and Employee Relations to protect pension benefits for the period you are on leave without pay.
WHEN YOU RETURN TO WORK

Your reinstatement rights are governed by the GCPS policy and procedures concerning the type of leave from which you are returning. When you return from FMLA, you have the right to return to the same or an equivalent position.

To return to work from leave for your own personal illness, you must submit a return to work/fitness for duty release from your physician prior to reporting for duty.

- Complete and submit an MSRA Form 26 (Request to Purchase Previous Service). If you have taken an unpaid leave of absence and chose not to have MSRA payroll deductions taken for this period of leave, you will need to send this form to the Maryland State Retirement and Pension System (MSRPS) within the first year you return. This will allow you to pay the normal cost (contributions missed) for the period of your qualified leave of absence from the MSRA. If you wait to purchase this time at the time of retirement, you will be obligated to pay the full cost (normal contribution PLUS interest) that accrued from your approved leave of absence date until your retirement date. The full amount could be significantly more than the normal cost.

HEALTHCARE

If you are on an approved FMLA, GCPS will continue to contribute to the cost of your medical, dental, and vision coverage for a period of up to 12 work weeks during a 12-month period.

QUESTIONS AND ANSWERS:

IF I AM NOT ELIGIBLE FOR FMLA, CAN I STILL TAKE LEAVE?

Yes, even if you do not qualify for FMLA you may still be eligible for leave. You will be required to submit a Leave Request Form to the Office of Human Resources and Employee Relations to request the leave and arrange for coverage during your leave. Please review your leave entitlements in your negotiated agreement.

WHAT ARE MY RESPONSIBILITIES WHILE I AM ON FMLA?

To give updates of your intentions to return to work to immediate your supervisor or principal and the Office of Human Resources and Employee Relations.

HOW IS MY FMLA PERIOD AFFECTED WHEN ONE OF THE 12 WEEKS IS A SCHEDULED WEEK OFF?

If GCPS is scheduled to be closed a FULL week based on the school calendar, that week does NOT count as one of the 12 weeks resulting in a return date 13 weeks from the start of leave. Only weeks in which employees are scheduled to work will count against the 12 week FMLA period.

IS FMLA PAID OR UNPAID AND HOW DOES FMLA AFFECT MY ACCUMULATED LEAVE?

An employee taking leave due to their own serious health condition, is required by GCPS to use their accumulated sick leave in addition to using their accrued personal and/or annual leave, if applicable. When an employee uses their accrued personal, sick and/or annual leave during the FMLA period, they will be paid. In
FAMILY MEDICAL LEAVE ACT INFORMATION

no event shall the aggregate of such leave exceed twelve (12) weeks in a 12-month period. The 12 weeks FMLA includes any unpaid leave, sick leave, family illness leave, personal leave, disability leave, or annual leave the employee is eligible to use for purposes of FMLA. The Board allows employees to use a specified number of their sick leave days to care for a seriously ill child, parent, or spouse; however, taking and using their sick leave is not required and must be requested. Employees may also use their personal and/or annual leave or request unpaid leave.

HOW DO GRANTS FROM THE SICK LEAVE BANK AFFECT MY FMLA?
In compliance with Board policy and procedures and the FMLA, all draws from the Sick Leave Bank will be applied toward the twelve (12) weeks of leave to which employees shall be entitled because of an employee’s own serious health condition.

IS MEDICAL CERTIFICATION REQUIRED?
Employees wishing to take FMLA for their own serious health condition, that of an ill child or spouse, or military related exigency will be required to provide medical certification from a physician verifying the condition and duration of leave. A written medical certification from a physician will also be required authorizing the employee’s ability to return to work. Failure to provide adequate medical certification may result in a denial of reinstatement of employment.

WHAT IF MY ABSENCE IS DUE TO WORKER’S COMPENSATION (WC)?
Worker’s Compensation absences will count towards your 12 weeks of FMLA. If you are absent due to a Worker’s Compensation injury, that absence runs concurrently with Family Medical Leave and your FMLA will begin automatically.

WHAT IF I HAVE QUESTIONS REGARDING HOW THIS LEAVE WILL AFFECT MY PAY?
Employees may call the Finance Office at (301) 334-8923.

WHAT ABOUT MY HEALTH BENEFITS WHILE I AM ON FMLA?
Employees on FMLA will continue to receive the same benefits as they would if they were working.

WHAT IF I CHOOSE NOT TO RETURN TO WORK AFTER MY 12 WEEKS OF FMLA?
If the employee elects not to return to work after completing his or her leave, the Board may recover the cost of any premium payment made to maintain the employee's coverage during unpaid FMLA. However, an exception can be made if the failure to return to work is for continuation, recurrence, or onset of a serious health condition beyond the employee’s control.
A. Purpose
The purpose of this policy is to ensure the proper implementation of the Family and Medical Leave Act of 1993 (FMLA). If you have any questions, concerns, or disputes with this policy, you must contact the Office of Human Resources and Employee Relations in writing.

B. Scope
The FMLA entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave.

C. Policy Statement
The Board of Education of Garrett County recognizes that family medical leave is important to the well-being of employees and is committed to complying with the provisions of the FMLA and all applicable state and federal laws and regulations. In the event of any conflict between this policy and the applicable law, employees will be afforded all rights required by law. The Board of Education of Garrett County will ensure that the provisions of this policy and all applicable laws are applied consistently for all eligible employees.
D. Responsibilities
The Office of Human Resources and Employee Relations for the Board of Education of Garrett County will work with all employees to ensure the FMLA Regulations are followed.

E. Delegation of Authority
The Superintendent of Schools is directed to develop procedures to implement this policy in accordance with local policies and state and federal laws and regulations and to communicate the policy and procedures to all relevant parties.
A. Purpose:
The purpose of this procedure is to ensure the proper implementation of the Family and Medical Leave Act of 1993 (FMLA). If you have any questions, concerns, or disputes with this procedure, you must contact the Office of Human Resources and Employee Relations in writing.

B. Background:
The FMLA entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave.

C. Definitions
1. Academic Term – A school semester
2. Certification – Official documentation required for the approval of FMLA leave such as, but not limited to, medical, military family, adoption, or foster care.
3. Child – Includes the biological, adopted, foster, step, legal ward, or child of a person who stands in the shoes of a parent to that child. The child must be under age 18, unless he or she is incapable of self-care due to mental or physical disability.
FAMILY MEDICAL LEAVE ACT INFORMATION

4. Eligible Employee –
   a. The employee must have worked for Garrett County Public Schools (GCPS) for 12 months or 52 weeks. The 12 months or 52 weeks need not have been consecutive. Separate periods of employment will be counted, provided that the break in service does not exceed seven (7) years. Separate periods of employment will be counted if the break in service exceeds seven (7) years due to National Guard or Reserve military service obligations or when there is a written agreement, including a collective bargaining agreement, stating the employer’s intention to rehire the employee after the service break. For eligibility purposes, an employee will be considered to have been employed for an entire week even if the employee was on the payroll for only part of a week or if the employee is on leave during the week. If the school system temporarily closes for one or more weeks, the days the school system’s activities have ceased do not count against the employee’s FMLA leave entitlement.
   b. The employee must have worked at least 1,250 hours during the 12-month period immediately preceding the commencement of the leave. The 1,250 hours do not include time spent on paid or unpaid leave. Consequently, these hours of leave should not be counted in determining the 1,250 hours’ eligibility test for an employee under FMLA.

5. Employment Benefits – All benefits provided to employees of the Garrett County Public School system, which may include group life insurance, health insurance, flexible spending account (FSA), health spending account (HSA), sick leave, family illness leave, personal leave, or annual leave as referred to in the negotiated agreements.

6. Equivalent Position – A position which has the same pay, employment benefits, and working conditions. An equivalent position involves the same or substantially similar duties and responsibilities, and requires substantially equivalent skill, effort, responsibility, and authority.

7. Family and Medical Leave (FML) – Leave with or without pay granted to an eligible employee in compliance with federal regulations and guidelines.

8. Immediate Family member – includes an employee’s parent, spouse, or child (biological, foster, step child). The child must be under age 18 unless he or she is incapable of self-care due to mental or physical disability.

9. Instructional Employee – An employee employed principally in an instructional capacity by an educational agency or school whose principal function is to teach and instruct students in a class, a small group, or an individual setting, and includes athletic coaches, and special education instructional assistants such as signers for the hearing impaired. The term does not include teacher assistants or aides who do not have as their principal function actual teaching or instructing, nor auxiliary personnel such as counselors, psychologists, curriculum specialists, cafeteria workers, maintenance workers, bus drivers, or other primarily non-instructional employees.

10. Intermittent Leave – Leave taken in separate periods of time due to a single illness or injury.

11. Medical Certification Statement – Official documentation completed by a medical provider required for the approval of FMLA leave for a serious health condition.


13. Reduced Work Schedule – A leave schedule that reduces an employee’s usual number of working hours.
14. Serious Health Condition – An illness, injury, impairment, physical or mental condition that involves:
   a. Any period of incapacity or treatment in connection with inpatient care (an overnight stay) in a hospital, hospice, or residential medical care facility; OR
   b. Any period of incapacity requiring absence from work, school, or other regular daily activities of more than three calendar days that also involves continuing treatment by, or under the supervision of, a health care provider; OR
   c. Continuing treatment by, or under the supervision of, a health care provider for a chronic or long-term health condition that is incurable or so serious that, if untreated, would likely result in a period of incapacity of more than three calendar days.
15. Twelve-month Period – work year from July 1 through June 30.
16. Week – For purposes of FMLA leave, a week is equivalent to a normal assigned work week.

D. Reasons for FML.
1. Eligible employees may request FML for up to 12 work weeks during a fiscal year for one or more of the following reasons:
   a. A serious health condition that makes the employee unable to perform his/her job;
   b. To care for a serious health condition of an immediate family member;
   c. For the birth of a child of the employee and in order to care for such child;
   d. For the adoption of a child or the placement of a child with the employee for adoption or foster care.

Employees are also entitled to twenty-six (26) workweeks of leave during a single 12-month period to care for a covered service member with a serious injury or illness if the eligible employee is the service member’s spouse, son, daughter, parent, or next of kin (military caregiver leave).

E. Notification Requirements
1. Requests for FML leave must be made through the GCPS Office of Human Resources and Employee Relations (the Office). The Office will provide appropriate forms and will process leave requests. Employees must also notify their building administrator/supervisor that FMLA leave is being requested through the Office. The employee must make a reasonable effort to schedule leave so as not to unduly disrupt the employer’s operation when possible.
2. Requests for FML must be made in writing on a GCPS FMLA form, signed by the employee, and submitted to the Office for consideration.
3. An eligible employee must provide the Office with at least 30 days’ advance notice before FMLA leave is to begin, if the need for the leave is foreseeable, such as an expected birth, placement of a child with the employee for adoption or foster care, or planned medical treatment for a serious health condition of the employee or of an eligible family member. 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 the date when the employee learns of the need for the leave.
FAMILY MEDICAL LEAVE ACT INFORMATION

F. Certification Requirements

1. An application for leave based on the serious health condition of the employee or the employee's spouse, child, or parent or for the birth of a child must also be accompanied by a "Medical Certification Statement" form provided by the Office and completed by the health care provider. An application for leave based on adoption and/or foster care must be accompanied by appropriate documentation showing legal guardianship. The medical certification statement or appropriate documentation showing legal guardianship must be provided by the employee to GCPS within 15 calendar days of the date the employee receives the FML notice from GCPS. Failure to fulfill this requirement may result in the eligible employee being absent without leave and subject to termination.

2. The Medical Certification Statement shall be on the form provided by GCPS and must include:
   a. the date on which the serious health condition commenced;
   b. the probable duration of the condition;
   c. the appropriate medical facts within the knowledge of the health care provider regarding the condition;
   d. a statement that the employee is unable to perform the essential functions of his/her position; or
   e. a statement that the eligible employee is needed to care for the immediate family member;
   f. in planned medical treatment, the dates on which such treatment is expected to be given in the duration of such treatment;
   g. in the case of intermittent leave, leave on a reduced schedule, a statement of medical necessity for intermittent leave or leave on a reduced schedule and the expected duration of the intermittent leave or leave on a reduced schedule;

G. Approval of Requests/Certification

1. The Office reserves the right to make reasonable inquiries to determine if the nature of the absence qualifies for FMLA leave.

2. GCPS may, in its discretion, require a second medical opinion and periodic recertification, at its own expense. If the first and second medical opinions differ, a third medical opinion may be required, which will be jointly approved by GCPS and the employee and whose decision will be final. A copy of the employee’s job description will be provided to the medical provider to evaluate an employee’s fitness for duty.

3. Eligible employees on FMLA leave because of a serious health condition or a serious health condition of an eligible family member may be requested to provide, at reasonable intervals, periodic medical statements pertaining to the individual's health status. For a chronic health condition, the employee must certify doctor visits for the qualifying condition at least twice per year. GCPS reserves the right to require additional certification and periodic re-issuance of certification as permitted under the FMLA.

4. FMLA limits the leave that may be taken by the employee and spouse who work for the same employer to a combined total of 12 work weeks (60 days) during any 12-month period of leave taken for the birth of a child, to care for the child after birth, or for placement of a child with the employee for adoption or foster care of a child.
FAMILY MEDICAL LEAVE ACT INFORMATION

5. An employee must provide, in writing, an anticipated date of return to the normal work schedule.
6. An employee who has questions or concerns regarding his/her FMLA leave request should contact the Office of Human Resources.

H. Intermittent Leave and/or Reduced Work Schedule
1. Intermittent leave is available, if medically necessary, due to a serious health condition of an eligible employee or the eligible employee's immediate family member. The birth of a child, adoption, and/or foster care are not covered under intermittent leave.
2. The eligible employee is subject to the notification requirements in Section E.
3. GCPS will make every effort to accommodate requests for intermittent leave or reduced work schedule due to medical necessity. The employee may be assigned to an alternative position with equivalent pay and employment benefits if the alternative better accommodates the employee's intermittent leave schedule.
4. There are additional provisions for eligible instructional employees requesting intermittent leave or a reduced work schedule for planned medical treatment. If the leave request would result in the employee missing more than 20 percent of the work schedule, GCPS may require the employee:
   a. To take leave for a particular duration of time which is not greater than the planned treatment, OR
   b. To be temporarily transferred to an available alternative position for which the employee is qualified, with equivalent employment benefits, pay, responsibilities, and other conditions in existence prior to the FMLA leave, which better accommodates the requested leave.

I. Leave Taken Near the End of an Academic Term
An eligible instructional employee may be required to continue on leave until the end of the academic term under certain circumstances as defined by FMLA and approved by the Director of Human Resources and Employee Relations or their Designee.
1. An eligible instructional employee who begins leave more than five weeks before the end of the term may be required to continue taking leave until the end of the term if:
   a. The leave is for three weeks or more, AND
   b. The employee intends to return during the three weeks before the end of the term.
2. An eligible instructional employee who begins leave during the five-week period before the end of a term because of the birth of a child; the placement of a child with an employee for adoption or foster care; to care for a spouse, son, daughter, or parent with a serious health condition; or to care for a covered service member, may be required to continue taking leave until the end of the term if:
   a. The leave is two weeks or more, AND
   b. The employee intends to return to work during the two-week period before the end of the term.
3. An eligible instructional employee who begins leave during the three-week period before the end of a term because of the birth of a child; the placement of a child with an employee for adoption or foster care; to care for a spouse, son, daughter, or parent with a serious health condition; or to care for a covered service member, may be required to continue taking leave until the end of the term if the leave will last more than five working days.
J. FMLA Used in Connection with Other Forms of Available Leave.
   1. GCPS reserves the right to determine, based on information provided, whether the requested leave, (paid or unpaid) qualifies for FMLA leave. All accrued paid leave runs concurrently with FMLA and shall be applied to the employee’s FML absences before unpaid leave begins. Any remaining leave time under this policy after all accrued paid leave has been exhausted will be unpaid. For example, if you begin a twelve (12) week period of FMLA leave and have two (2) weeks accrued paid leave, the first two (2) weeks of the FMLA leave will be paid. The remaining ten (10) weeks will be unpaid.
   2. If approved, the FMLA leave will be taken in accordance with procedures established by the Office of Human Resources and Employee Relations as follows:
      a. The following paid leave may be used as part of the approved FMLA leave in accordance with the negotiated agreements:
         1. Maternity Leave
            a. Current year’s allotment of leave
            b. Accumulated sick leave and/or annual leave
         2. Family Illness
            a. Current year’s allotment of leave
            b. Up to 30 days of accumulated sick leave as described in negotiated agreements
         3. Serious Illness
            a. Current year’s allotment of leave
            b. Accumulated sick leave and/or annual Leave
      b. An employee’s FMLA leave may run concurrently with a Worker’s Compensation absence when the injury is one that meets the criteria for a serious health condition.
      c. If an eligible employee does not have enough applicable paid leave during his/her absence, additional leave will be provided without pay to meet the FMLA request.
         1. GCPS may approve the use of unpaid FMLA leave for employee absences which meet the FMLA leave criteria.
         2. GCPS may request an independent medical evaluation to obtain a second opinion before approving FMLA leave.
         3. Denial of a FMLA leave request may be appealed to the Director of Human Resources and Employee Relations.
      d. Employment with another employer while on an approved leave of absence may serve as justification for termination of the leave.

K. Return to Work
   1. Employees are expected to return to work immediately following the expiration of FMLA leave. However, if an eligible employee is unable to return to work at the expiration of the FMLA leave, the employee may request approval for additional leave under another designated type of leave available to employees. Such requests must follow procedures and criteria established by the Office of Human Resources and Employee Relations.
2. Prior to returning to work, an employee on FMLA leave for his/her own serious health condition is required to submit a “Medical Certification Statement” form stating that the employee is able to perform the functions of their job.

3. The eligible employee will be returned to the same position, in most cases, as held prior to the FMLA leave. However, in some instances, the employee may be returned to an available equivalent position for which the employee is qualified with equivalent employment benefits, pay, responsibilities, and other conditions in existence prior to the FMLA leave.

4. Taking leave under FMLA will not result in the loss of any employment benefit accrued prior to the date on which the leave commenced.

L. Failure to Return to Work
If an eligible employee fails to return to work after the expiration of FMLA leave, the employee will be required to reimburse GCPS for any benefit premiums paid for the employee during FMLA leave, unless waived by the Director of Human Resources and Employee Relations.

M. Maintenance of Employment Benefits
1. During a period of FMLA leave, an eligible employee's health coverage will continue under one of the following guidelines:
   a. When an employee is on approved paid FMLA leave, their group life insurance, supplemental life, flexible spending account (FSA), health saving account (HSA), and health insurance premium contributions will continue through payroll deduction.
   b. An employee who is on approved unpaid FMLA leave is responsible for the total cost of their group life insurance, flexible spending account (FSA), health saving account (HSA), and his/her share of the health insurance premium payments. Payments must be submitted directly to the Garrett County Board of Education, Finance Office.
   c. When an employee is not eligible for FMLA, once their paid leave is exhausted, they will be responsible for the Board and Employee share of all of the employees benefit premiums.

2. An employee who is on approved paid FMLA leave, including intermittent leave, will continue to accrue leave at his/her regular rate.

Important Documents for use in FML Request/Certification/Approval Process (available at the Office of Human Resources and Employee Relations):

Application For Family or Medical Leave
Medical Certification Statement (Employee’s Own Serious Illness)
Medical Certification Statement (Illness of Employee’s Family Member)
Request For Family Or Medical Leave (Employer Response To Employee)
Notice Of Intention To Return From Leave
Your Rights Under The Family And Medical Leave Act Of 1993
**Leave Request Form**

1. Please read this form thoroughly, complete, and sign.
2. Return to the Office of Human Resources for approval **at least 30 days prior to the start date of your leave.**
3. Refer to the GCPS Policy and Procedure handbook and your negotiated agreement regarding leaves of absences. **Family Medical Leave Act will run concurrently with all qualified paid/unpaid leaves.**

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Employee Name: ___________________________________________  Employee ID#: ____________________

Email Address: ___________________________________________  Job Title: ___________________________

Location/School: ___________________________________________  Date of Hire: ___/___/______

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

Phone # (while on leave) ___________________________  Due Date (if applicable) ___/___/______

Member of Sick Leave Bank ______ Yes ______ No

Expected/Requested leave dates ___/___/______ through ___/___/______

Are you requesting Intermittent Leave? ______ Yes ______ No  **If yes, additional documentation may be required.**

**Reason(s) for leave:**  **(Check all that apply)**

- **Short Term Childcare Leave*** (leave with or without pay immediately following the birth or adoption of a child for 12 weeks or less as allowed under FMLA)
- **Long Term Childcare Leave*** (leave without pay immediately following the birth or adoption of a child lasting longer than 12 weeks but less than 2 years)
- **Personal Illness**
- **Family Illness to care for a Seriously Ill**  ______ Spouse  ______ Child  ______ Parent
- **Military Leave of Absence (Attach Orders)**
- **Other Reason:** ____________________________________________________________

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**Family and Medical Leave Act Information Packet**

03/2019
FAMILY MEDICAL LEAVE ACT INFORMATION

*If you wish to add your child to your healthcare coverage, you will need to complete your request with the Office of Human Resources and Employee Relations within 31 days of the adoption or birth of the child.

Additional Information: ____________________________________________________________

I agree to and understand the following:

- The Maryland State Retirement and Pension System (MSRPS) 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 Office 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, family illness, 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 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.

- I agree to have all FMLA related documents delivered to me by Garrett County Public Schools’ FMLA email system. It is my responsibility to notify the Office of Human Resources if I am unable to access my GCPS email account.

X___________________________________________

Employee’s Signature

Date

X___________________________________________

Office of Human Resources Signature

Date