



GARRETT COUNTY PUBLIC SCHOOLS

Leave Request Form

Employee:

- 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.

Form with checkboxes for New, Revised Request, A&S, Teacher, and Supporting Services.

Employee Name, ID#, Email Address, Job Title, Location/School, Date of Hire, and Part-Time/Full-Time Employee status.

Phone # (while on leave) and 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:

*\*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