



CECIL COUNTY PUBLIC SCHOOLS

Leave Request Form

Employee:

1. Please read this form thoroughly, complete, and sign.
2. Give to the Principal/Next-in-Line Administrator to sign **at least 30 days prior to the leave start date**.
3. Refer to the employee handbook/negotiated agreement regarding leaves of absences. Family Medical Leaves will run concurrently with all qualified paid/unpaid leaves.

Administrator:

1. Make two copies (keep one for your records and give one to the employee) Send original to the the Benefits Office.

New Revised Request A&S Teacher Supporting Services

Employee Name: _____

Employee ID #: _____

E-Mail Address: _____

Job Title: _____

Location/School: _____

Date of Hire: _____ / _____ / _____

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

Phone # (while on leave): _____

Member of Sick Leave Bank Yes No

Due Date (if applicable): _____ / _____ / _____

Expected/Requested leave dates ____/____/____ thru ____/____/____

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

Reason(s) for Leave: (Check all that apply)

Disability due to Childbirth * (normal disability period following childbirth is 6 weeks for normal delivery or 8 weeks for C-Section)

Short Term Childcare Leave * (leave without pay immediately following a birth or adoption of a child for 12 weeks or less, as allowed under FMLA)

Long Term Childcare Leave * (leave without pay immediately following a birth or adoption of a child lasting longer than 12 weeks but less than 2 yrs)

Personal Illness

Family Illness to care for a seriously ill Spouse Child Parent

Military Leave of Absence (Attach Orders)

Sabbatical

Other Reason: _____

**If you wish to add your child to your healthcare coverage, you will need to complete your request in the Benelogic System within 31 days of adoption or birth of the child.*

Additional Information: _____

I agree to and understand the following:

- The State Retirement and Pension System of Maryland (SRPS) 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 Supervisor 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, 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 an 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 Cecil County Public Schools' FMLA tracking system, eFMLA. It is my responsibility to notify the Benefits Department if I am unable to access my CCPS email account.

X _____
Employee's Signature

Date

X _____
Principal's/Supervisor's Signature

Date