

Baltimore County Public Schools
Office of Employee Absence and Risk Management, OEARM
Greenwood Building B, Towson, MD 21204

Integrated Disability Management (IDM)
Email: rtw@bcps.org

Phone: (443) 809-4133 or 7609
Fax: (410) 337-0160

REPORT OF EXTENDED ABSENCE
(completed by your work location)

Send report by our confidential fax line (410) 337-0160 or scan and email to rtw@bcps.org when an employee is absent due to non-work-related illness or injury for 10 or more consecutive duty days.

EMPLOYEE INFORMATION

Employee's Name: _____
(please print)

Employee ID# (if known): _____ Job Title: _____

School/Worksite: _____ Principal/Supervisor: _____

Home Address: _____

Phone#: _____

DISABILITY INFORMATION

Initial Date of Disability: _____ Disability Slip Receive: Yes No
(If yes, please send with form)

Has employee contacted site: No Yes Date: _____

Reason for Absence (as reported by employee): _____

Expected Date of Return (if known): _____

Do you need us to contact you regarding this form? Yes No

Name of Person completing Form: _____
(please print)

Phone#: _____ Date: _____