

BALTIMORE COUNTY PUBLIC SCHOOLS
Office of Benefits, Leaves, and Retirement
Application for Leaves of Absence and Conversions

Name _____
Last
First
MI

Position _____ Work Location _____

Principal or Supervisor _____ SS# (last 4 #) _____

Home Address _____ City, State, Zip _____

Work # _____ Mobile/Home # _____ Email: _____

Board-Approved Leaves (3+months)

- Academic/Educational (TABCO/ESPBC only)
- Child Rearing* 1 yr. 2 yrs.
- Military
- Sabbatical (CASE/TABCO only) 1 yr. 2 yrs.
Note: Checked box indicates your commitment to BCPS upon return & amount paid
- Personal Illness (one year)
- Personal (one year, Administrator/TABCO only)
- Unusual or Imperative (one year)

Child Rearing Leave only*

- For time designated as medically necessary, I wish to utilize earned personal illness time.
- For time designated as medically necessary, I do not wish to utilize my personal illness time but prefer to have it held in abeyance. I understand my full leave is unpaid.

*Not applicable to consecutive leaves

HR Approved Leaves (3 months or less)

- Maternity* Paternity* Adoption*
- Conversion of Personal Illness to Family Illness*
 (Maximum 40 days per year)
 - Family Member: _____
 - Will this require intermittent leave? Yes No
- Short-Term Unpaid Medical Leave (Part-Time Employees)
- Family and Medical Leave Act (FMLA) (select one)
 - For the birth or adoption and care of the employee's child
 - For care of an immediate family member with a serious health condition.
 - Family Member: _____ Age of Child _____
 - Will this require intermittent leave? Yes No
 - For an employee's serious health condition
 - Will this require intermittent leave? Yes No
 - For the serious illness or injury of an active military family member.
 - For a qualifying exigency related to active military service of a family member.

*If employee is eligible, FMLA will run concurrently with these leaves.

Dates Requested for Leave of Absence: Begin date: _____ End date: _____

Required Documentation Attached? Yes No If no, when will it be submitted? _____

See required documentation on applicable *Leave Requirements and Information Sheets* under the Office of Benefits, Leaves, & Retirements
<http://www.bcps.org/offices>.

My signature verifies that the information which I have provided on this application is accurate and that I have read the *Leave Requirements and Information Sheet* which outlines the details and requirements of the leave for which I am applying, and the related section of the appropriate bargaining unit agreement.

Employee's Signature _____ Date _____

Forward this form, along with the required documentation, to: Leaves Office, 6901 N. Charles Street, Building B, Towson, MD 21204 or email leaves@bcps.org. Please direct questions to 443-809-8947 or fax to: 410-887-8950. (Rev. 07/2019)