

EDUCATIONAL LEAVE OF ABSENCE OVERVIEW

Paraprofessionals

*****Keep this Overview for your own reference*****

PLEASE READ THOROUGHLY

Paraprofessional Union Agreement:

"Any Paraprofessional who is engaged in an educational program and who may need a leave of absence for student teaching or other reasons to complete requirements for graduation shall be granted such leave with pay, and shall be assured a reassignment to his former position or one comparable at the end of such leave. Paraprofessionals on educational leave for the purpose of student teaching or matriculating in an institution of higher education shall have health care benefits continued by the Board."

Compensation & Benefits

This Educational Leave is a leave with pay. Deductions will remain as they were prior to the Educational Leave approval.

Educational Leave Process:

- A) Signed Acknowledgement Form
- B) Completed Educational Leave Application
- C) **Educational Study Required Documents:**
 - 1. Official Letter of Acceptance from the College or University Registrar's office denoting per semester class load hours and a list of courses to be completed (copies not acceptable)
 - 2. **At the end of each semester, official documentation from Registrars' office denoting course(s) completion MUST be submitted within 14 days of semesters ending to the Office of Leaves Management, failure to do so WILL terminate your Educational Leave Status.**
 - 3. Area of Study Must be directly related to your employment status
- D) **Student Teaching Required Documents:**

Official Letter of Acceptance from the College or University Registrar's office outlining Student Teaching assignment.
- E) **30 days prior to the end of your leave approval date**, you must contact Leaves Management by email or in writing to request your placement in an active assignment. Leaves Management will forward your request to the appropriate department that will handle your placement to an active assignment.

Leave IS NOT authorized unless approved by the Department of Human Capital.

Failure to receive prior approval may result in appropriate disciplinary action.

(Please do not submit multiple packets, use one (1) form of submittal, if 5 days has past and you have not received a response of receipt then email me)

Your request will be processed and presented to the School Board. It may take as much as 3 weeks for a decision to be rendered. Based on the School Board's decision an approval/denial response will be sent via email (unless otherwise requested) to you and your supervisor. Pertinent health benefits and return to work information will be included. *Incomplete forms and/or insufficient documentation will delay leave processing.* If you have any questions, please feel free to contact me.

Baltimore City Public Schools / Leaves Management
200 E. North Avenue, Room #110 ~ Baltimore, Maryland 21202

Attention: Paula Thomas

Phone Number: 410-396-8885

leaves@bcps.k12.md.us

Fax Number: 410-545-0897

BALTIMORE CITY PUBLIC SCHOOLS

This form **MUST** be signed and submitted with Request form.
Request **WILL NOT** be processed without a signed Acknowledgement form.

- ACKNOWLEDGEMENT -

I acknowledge responsibility for reading and complying with the Processes and Policies associated with my requested leave.

Email is Leaves Management's primary and quickest means of communications. All communication involving leave requests, leave determinations and designations will be sent through your **City Schools email address.**

Check which is applicable to you, *if unchecked all correspondence will be by email.*

I **DO** have access to my city schools email and want my leaves correspondence to be sent by email.

I **DO NOT** have access to my City Schools email and want my leaves correspondence to be sent by U.S. Mail.

Or this alternative email address _____ *print clearly*

Signature

Date

Print Name – First, MI, Last

Employee ID#

Supervisor's Name

Department/School

Position

BTU Employee Evaluations

In keeping with section 15.22 of the BTU contract, BTU employees who are absent more than 60 days in the school year shall receive an annual rating of "Administrative Effective/Satisfactory" on their annual evaluation with no Achievement Units (AUs). This rating can be used for certification purposes.

BCPS Board Rules

Article 4 section 404.03, All absences of educational staff members shall be with loss of full pay unless otherwise provided for in these Rules, or by special action of the Board. "With loss of full pay" shall mean that the person concerned shall receive no salary for the full time included in such a leave. Such shall also include the earning of a salary from another source by the staff person on a leave without express approval of the Board and the Chief Executive Officer.

**Baltimore City Public Schools
Division of Leaves Management
200 E. North Avenue, Room #110
Baltimore, Maryland 21202**

Attn: Ms. Paula Thomas

Email: leaves@bcps.k12.md.us

Fax: 410-545-0897

Falsification of any Leave of Absence documentation may lead to disciplinary action up to and including termination of employment.

EDUCATIONAL LEAVE APPLICATION - Paraprofessionals

Employee Name _____ ID # _____

Address _____

Phone # _____

Organization _____ Job Title _____

Years of Service _____ Hire Date _____

I am requesting Educational Leave for the period: Begin _____ End _____

My leave request, which will not exceed one (1) school year, is for the purpose of:

- STUDY**
- a) Attach an official Letter of Acceptance from the College or University Registrar's office
 - b) Proof of enrollment from Registrar's office Per semester class load hours and a list of courses to be completed (copies not acceptable)
 - c) **At the end of each semester, official documentation from Registrars' office denoting course(s) completion MUST be submitted within 14 days of semesters ending to the Office of Leaves Management, failure to do so WILL terminate your Sabbatical Leave Status.**
 - d) Area of study MUST be directly related to your employment status
- STUDENT TEACHING**
- e) Attach an official Letter of Acceptance from the College or University Registrar's office outlining Student Teaching assignment

Applicant Signature _____ **Date** _____

Return COMPLETED documents to:

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200 E. North Avenue, Room #110 ~ Baltimore, Maryland 21202

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