CHILDCARE LEAVE OF ABSENCE OVERVIEW

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

PLEASE READ THOROUGHLY

An employee, at their request, may be granted a leave of absence without pay for the purpose of child-bearing or child-rearing for such period of time they specify, but not to exceed ONE (1) year. An extension may be granted, but not beyond the beginning of the school year following the child’s third birthday.

Unpaid Childcare Leave Process:

A) Signed Acknowledgement Form
B) Completed Childcare Leave Application
C) Original Hospital Verification of Birth (copies unacceptable) or
   A Copy of Original Birth Certificate MUST accompany request.

Submit to Leaves Management 30 days Prior to Leave Request Date. (Leave requests received past 30 day cutoff date (without a viable reason) may be denied prior to being submitted to the board for approval).

If Currently Enrolled in Baltimore City Public School’s Health Care Plans:

Unpaid Status
- You will have an opportunity to re-enroll your benefits during the first 30 days of your return to active duty.

Your status is unpaid and your benefits will terminate at the end of the month in which your leave began. You have a right to COBRA continuation coverage. A COBRA election form will be mailed to your address on file by our Third Party Administrator. COBRA is a temporary extension of coverage pursuant to the Consolidated Omnibus Reconciliation Act of 1985. COBRA continuation coverage can become available to you and to other covered members under your plan when you would otherwise lose your group health care coverage.

Leave IS NOT authorized unless approved by the Department of Human Capital. Failure to received prior approval may result in appropriate disciplinary action.

Once approved, you will be placed on an approved leave of absence and transferred off of your locations run and placed on 2026. The 2026 organization is a payroll organization for employees currently on a long term leave of absence.

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.

(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.

Return COMPLETED documents to: Baltimore City Public Schools / Leaves Management  200 E. North Avenue, Room #110  ~  Baltimore, Maryland 21202 leaves@bcps.k12.md.us  Attention: Paula Thomas  Phone Number: 410-396-8885  Fax Number: 410-545-0897
ACKNOWLEDGEMENT

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

___________________________________________  _____________________________________________
Signature      Date
___________________________________________  ____________        ____________________________
Print Name – First, MI, Last    Employee ID#        Supervisor’s Name
___________________________________________  _____________________________________________
Department/School     Position

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

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.
Request for Leave of Absence

Unpaid Childcare - Unpaid Personal Business

Name________________________________________________________ Emp. ID _______________ 10 or 12 month employee __________

Title _________________________________ Dept./School __________________________ Supervisor/Principal_______________

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

I am requesting a Leave of Absence from Baltimore City Public Schools for the following reason:

Type of Leave (check applicable leave)

___ Child Care
___ Personal

Requested Leave Start Date ______________ Requested Leave End Date _______________

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Employee Signature ___________________________________________ Date _______________________________________

Complete Packet (please submit all at the same time): 1) Acknowledgement Form  2) Request  3) All necessary supporting documentation.

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