MILITARY LEAVE OF ABSENCE OVERVIEW

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

PLEASE READ THOROUGHLY

“Maryland State Board Bylaws provide that all public school system employees who are members of the organized militia or the Army, Navy, Air or Marine Reserve, shall be entitled to a leave of absence from their respective duties, without loss of pay, time or efficiency rating, on all days during which they shall be engaged in field or coast defense or other training ordered or authorized under the provisions of Article 65, Annotated Code of Maryland, or under any law of the United States, during such time as they are on inactive duty, not to exceed 15 days annually.”

Military Leave Process:

A) Signed Acknowledgement Form
B) A copy of your Military Orders MUST accompany request

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

It may take as much as 3 weeks for a decision to be rendered. Based on the 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 Leaves Department.

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

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.

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

Childcare - Personal Business - Military

Name________________________________________________________ Emp. ID _______________

10 or 12 month employee __________ Title ______________________________

Dept./School ________________________ Supervisor/Principal_____________________________

PROCEDURES:

1. Complete this form stating the reason for the leave and the expected duration. When a leave is foreseeable, employees MUST give at least 30 calendar days advance notice.

2. Submit this request form to Office of Human Capital, Division of Leaves Management, 200 E. North Avenue, RM 110, Baltimore, MD 21202.

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
___ Military

Requested Leave Start Date ___________ Requested Leave End Date ___________

Unpaid Status

• Your status is unpaid (after 15 days) and your benefits will terminate at the end of the month in which your 15 paid days ends. 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.

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

Employee Signature ___________________________________________ Date __________________________

Completed Packet 1) Acknowledgement Form 2) Request 3) All necessary supporting documentation.

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