

PERSONAL 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 handling personal business that requires temporary leave of employment, for such a period of time that is specified by employee, but may not exceed one (1) year. **Non-Emergency Personal Leaves requires 30-day notification.**

Unpaid Personal Leave Process:

- A) Signed Acknowledgement Form
- B) Completed Personal Leave Application (if applicable)
- C) Explanation of Leave and any supporting documentation **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).*

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

(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

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 City School’s 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.

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**

Email: leaves@bcps.k12.md.us

Attn: Leaves Department

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
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 _____

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

Unpaid Status

- 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.*
- 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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