



EXTENDED LEAVE REQUEST FORM

Please return completed forms to Absence Management
 14201 School Lane, Room 132. Upper Marlboro, MD 20772.
 Phone: 301-952-6200. Fax: 301-760-3593 Email: absence.mgmt@pgcps.org

- This request needs to be submitted to Absence Management at ***least 30 days*** prior to the requested leave start date.
- An employee must completely fill out this form and submit all supporting documentation together, in order for extended leave request to be processed.
- Contact Absence Management at (301) 952-6200 if you have any question about the leave of absence process.

Employee Name (First, Middle Initial, Last)		Employee ID#
Original Hire Date	Rehire Date (if applicable)	
Home/Cell Number	Email address	
Address: City State/Zip		
Job Organization	Location	Job Title
Today's Date	Date You Informed Supervisor of Leave Request _____	Employee's Supervisor Signature <i>(Required. No Stamp)</i>

Leave Beginning Date: ____/____/____

Leave Ending Date: ____/____/____

Actual Anticipated

Actual Anticipated

Leave Requested: Initial Request Extension of Current Leave Current Leave Ending Date: _____

Union Affiliation:

Local 2250 SEIU 400 PGCEA ASASP II/III EXECUTIVE

EXTENDED LEAVE REQUEST FORM

TYPE OF LEAVE REQUESTED (Please check only one that applies).

- Approved Sabbatical Leave:**
 - Educational/Professional /Improvement of Skills** - *Please refer to your union contracts for details*
 - Attach a copy of the acceptance letter, proof of course enrollment with the name and type of training/school, type of degree program/certificate and credit hours
 - PGCEA/ASASP II/III/ Executives - Must Apply by June 1st of the year preceding the school year which you are seeking the leave. If requesting Sabbatical Leave, must apply by April 1st to begin September 1st and November 1st to begin February 1st.

Other Approved Leave of Absence: *Check the corresponding leave reason in the chart below*
Must provide supporting documentation explaining reason for leave

Needed Rest/Necessity in the Home	Attach documentation
Phased Retirement	Attach documentation showing the retirement application date
Pending Sick Leave Bank Grant	Attach a copy of the SLB grant request form and state approximate wait time: _____

By signing below, I grant Absence Management permission to verify all supporting documentation pertaining to this request for Leave of Absence in order to determine my eligibility.

NOTE: If I wish to continue my participation in the benefit plans that I enrolled prior to commencing on an extended leave, I must contact my leave assistant if I need further assistance and continue to pay premiums for my benefit plans. I understand that I may be required to pay out-of-pocket 100% of premiums for all of my benefit plans. Additionally, I understand that if I am on unpaid leave, I must pay my premiums to Prince George’s County Public Schools Board of Education before the 1st day of each month otherwise my benefit (health, dental, vision, prescription, disability insurance, and life insurance) will be cancelled.

- I wish to continue my current benefits election. Please contact Benefits Services for details at 301-952-6600.
- I wish to add my newborn baby to my health insurance benefits. **(You must add newborn babies to benefits through Oracle self-service within 35 days of birth)**
- I wish to drop some of my current benefits. Please contact Benefits Services for details at 301-952-6600.

I must submit a Letter of Intent to Return to Work to Absence Management 10 days before the end date of an approved leave and receive a letter of Eligibility to Return to Work prior to returning to work.

Employee Signature: _____ Date: _____