

**ADJUSTMENTS  
CANNOT APPLY  
BEYOND TWO PAY  
PERIODS.**

**FREDERICK COUNTY PUBLIC SCHOOLS**

191 South East Street  
Frederick, Maryland 21701-5918

**SUBMIT  
SEPARATE FORM  
FOR EACH  
PAYROLL PERIOD.**

**LEAVE REQUEST**

Date Submitted \_\_\_\_\_ Name \_\_\_\_\_

Location \_\_\_\_\_ Position \_\_\_\_\_

Employee ID #: \_\_\_\_\_

INITIAL ONE <sup>5</sup>	
FMLA <sup>4</sup>	NON-FMLA
_____	_____
_____	_____
_____	_____
_____	_____

Annual Leave<sup>1</sup>

Personal Leave<sup>1</sup>

Sick Leave<sup>1</sup>

Leave Without Pay (Non-FMLA leave requires approval of Executive Director of Human Resources and separate letter of explanation<sup>1</sup>)

DATES	SUPPORT EMPLOYEES ONLY TOTAL HOURS	ALL OTHER EMPLOYEES TOTAL DAYS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason for Leave<sup>6</sup>: \_\_\_\_\_

Other (bereavement, jury duty, military, FCTA/FASSE Association leave) (courtesy consulting<sup>3</sup>) \_\_\_\_\_

Professional Leave for A&S and Supporting Staff (requires appropriate approval<sup>1</sup>) \_\_\_\_\_

Professional Leave Bank for Teachers (requires approval of appropriate supervisor or specialist and separate letter of explanation<sup>2</sup>) \_\_\_\_\_

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

A copy of all FMLA leave requests must be sent to the Benefits Office, 191 South East Street, Frederick, MD 21701-5918, Phone: 301-644-5058.

APPROVED: \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_  
Approval/Acknowledgement Title

APPROVED: \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_  
Approval/Acknowledgement Title

<sup>1</sup> Reg. No. 300-18  
<sup>2</sup> Reg. No. 300-23  
<sup>3</sup> Reg. No. 300-25  
<sup>4</sup> Family and Medical Leave Act Regulation #300-42  
<sup>5</sup> An eligible employee is entitled to a total of 12 workweeks of FMLA leave a year for the following:  
a) the birth, adoption, or foster care placement of a son or daughter;  
b) to care for the employee's spouse, son, daughter, or parent with a serious health condition; and  
c) a serious health condition that makes the employee unable to perform the functions of the job.  
A serious health condition is an illness, injury, or physical or mental condition that:  
1) involves inpatient care;  
2) requires absence from work, school, or other regular daily activities for four calendar days and is supervised or treated by a health care provider;  
or  
3) is chronic or long-term and which would, if not treated, likely result in incapacity for four calendar days, including pre-natal visits.  
An employee's request for FMLA leave is subject to Frederick County Public Schools' review and determination. FCPS will determine whether the leave qualifies as FMLA leave and notify the employee if their request is processed other than as submitted.  
<sup>6</sup> The school system may ask an employee requesting leave to explain the reason for the leave so that FCPS may determine if the leave qualifies as FMLA leave.

Submit separate form for each payroll period.

All absences will be charged as requested unless the appropriate supervisor is notified within 24 hours of the employee's return.