



EXTENDED LEAVE OF ABSENCE (LOA) 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 unless otherwise specified.
- This Extended Leave of Absence request is for one of the following:
 - Non-Medical Leaves of Absences (necessity in home, needed rest, professional improvement, public office, political campaign, family leave)
 - Prolong illness
 - Other leaves that are designated as a benefit to PGCPS
 - Educational or Sabbatical
 - Military
- 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)		EIN #
Home/Cell Number	Email address	
Job Organization	Job Title	
Today's Date		

Requested Leave Beginning Date: _____/_____/_____

Requested Leave Ending Date: _____/_____/_____

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

- Approved Sabbatical/Educational Leave** - *Please refer to your union contracts for details. If not approved for Sabbatical leave, your request will be considered for Educational Leave.*
 - 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/ASASP 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 Extended Leave of Absence:** *Check the corresponding leave reason in the chart below*
Please refer to your union contracts for details on Leave without Pay, Military Leave, and other available Leaves.

Needed Rest/Necessity in the Home	Must provide supporting documentation; For a period of not more than 1 year
Phased Retirement	Must provide supporting documentation showing the pending retirement date
Military Leave	Must provide supporting documentation (must include Military Orders to support the requested leave dates)
Prolong illness (After the exhaustion of FMLA, SLB, Annual Leave, Personal Leave, Sick Leave)	Must provide supporting documentation; For a period of not more than 2 year
Professional improvement/ Improvement of skills	Must provide supporting documentation; For a period of not more than 1 year; PGCEA, ASASP II, ASASP III, and Executives must submit request by June 1; SEIU and ACE-ASFCME must submit 30 days prior to start date.
Public Office/Political Campaign	Must provide supporting documentation; For a period of not more than 1 year; PGCEA, ASASP II, ASASP III, and Executives must submit request by June 1; SEIU and ACE-ASFCME must submit 30 days prior to start date.

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 (medical, dental, vision, prescription, disability insurance, and life insurance), I must contact the Benefits Department at 301-952-6600. I understand that I may be required to pay out-of-pocket 100% of premiums for all of my benefit elections. 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 (medical, dental, vision, prescription, disability insurance, and life insurance) will be cancelled.

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. I understand there is a minimum of time of reactivated service that is required before I am eligible to apply for another leave without pay. The details of the reactivated service can be found in the applicable negotiated agreement.

Employee Signature: _____ Date: _____