

**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 past and you have not received a response of receipt then email me)***

Your request will be processed and presented to the School Board. It may take as much as 3 weeks for a decision to be rendered. Based on the School 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 me.

Return COMPLETED Packet to:

**Baltimore City Public Schools / Leaves Management**  
**200 E. North Avenue, Room #110 ~ Baltimore, Maryland 21202**

**Attention: Paula Thomas**

**Phone Number: 410-396-8885**

**[leaves@bcps.k12.md.us](mailto: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 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](mailto:leaves@bcps.k12.md.us)**

**Attn: Ms. Paula Thomas**

**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 any portion of my leave is unpaid, I understand that I **must** continue to pay my healthcare premiums if currently enrolled. If I am in an out of pay status and **miss more than two (2) premium payments** I **MUST** pay **BOTH** employee **AND** employer portions of my premium. The Department of Fiscal Management will notify me regarding payment of my premiums. I understand that unpaid premiums **may** result in the termination of my health insurance coverage but I will still be responsible for any invoices that were sent out for premiums missed prior to cancellation.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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