



# Leave Request (NOT Requiring ERSC Authorization)

Employee and Retiree Service Center (ERSC)  
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20855

MCPS Form 430-1A  
June 2011

**INSTRUCTION:** To be completed when an employee is requesting annual or personal leave for any number of days/hours, bereavement leave for 5 days or fewer, or all other types of leave for 4 days or fewer. Leave requests not meeting these criteria should be submitted on MCPS Form 430-1. Attach copies of appropriate documentation and submit to your principal/director/supervisor. Approved form must be attached to employee's timesheet. **Refer to reverse side for detailed instructions.**

Name \_\_\_\_\_ 0 0 0 0  
Last First MI Employee No.

Number of \_\_\_\_\_ Days (or) \_\_\_\_\_ Hours Expected Dates of Leave \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

Half day or less  A.M.  P.M.

School/Location Name \_\_\_\_\_

Job Title (if teacher, subject/grade) \_\_\_\_\_ Phone(s) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**CHECK TYPE OF LEAVE** (See reverse side for explanation, requirements, and Family and Medical Leave Act information)

Annual  Personal  Personal Illness  Illness in Family  Family Bereavement

**Additional Documentation Required**  Civil, Juror, or Witness  Military Training  Workers' Compensation

Specify details as appropriate \_\_\_\_\_

Read reverse side carefully before signing: \_\_\_\_\_ /\_\_\_\_/\_\_\_\_  
Signature, Employee Date

**AUTHORIZATION**

Approved [Substitute Required?  Yes  No  Not Approved (give reason) \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature, Principal/Director/Supervisor Date

Approved  Not Approved (give reason) \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature, Deputy/Assoc. Superintendent/Designee Date



# Leave Request (NOT Requiring ERSC Authorization)

Employee and Retiree Service Center (ERSC)  
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20855

MCPS Form 430-1A  
June 2011

**INSTRUCTION:** To be completed when an employee is requesting annual or personal leave for any number of days/hours, bereavement leave for 5 days or fewer, or all other types of leave for 4 days or fewer. Leave requests not meeting these criteria should be submitted on MCPS Form 430-1. Attach copies of appropriate documentation and submit to your principal/director/supervisor. Approved form must be attached to employee's timesheet. **Refer to reverse side for detailed instructions.**

Name \_\_\_\_\_ 0 0 0 0  
Last First MI Employee No.

Number of \_\_\_\_\_ Days (or) \_\_\_\_\_ Hours Expected Dates of Leave \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

Half day or less  A.M.  P.M.

School/Location Name \_\_\_\_\_

Job Title (if teacher, subject/grade) \_\_\_\_\_ Phone(s) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**CHECK TYPE OF LEAVE** (See reverse side for explanation, requirements, and Family and Medical Leave Act information)

Annual  Personal  Personal Illness  Illness in Family  Family Bereavement

**Additional Documentation Required**  Civil, Juror, or Witness  Military Training  Workers' Compensation

Specify details as appropriate \_\_\_\_\_

Read reverse side carefully before signing: \_\_\_\_\_ /\_\_\_\_/\_\_\_\_  
Signature, Employee Date

**AUTHORIZATION**

Approved [Substitute Required?  Yes  No  Not Approved (give reason) \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature, Principal/Director/Supervisor Date

Approved  Not Approved (give reason) \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature, Deputy/Assoc. Superintendent/Designee Date

**ADDITIONAL INFORMATION:** For further information refer to the appropriate agreements:

- Agreement between Montgomery County Education Association and Board of Education of Montgomery County, Rockville, Maryland
- Agreement between Montgomery County Association of Administrators and Principals (MCAAP and MCBOA) and Board of Education of Montgomery County, Rockville, Maryland
- Agreement between SEIU Local 500 and Board of Education of Montgomery County, Rockville, Maryland

---

**FAMILY AND MEDICAL LEAVE ACT (FMLA):**

Personal Illness and Illness in Family leave may be covered by the Family and Medical Leave Act (FMLA) and, as such, may be counted against your twelve (12) work-week FMLA entitlement. The FMLA covers leave for the birth and care of an employee's newborn child, for placement with the employee of a child for adoption or foster care, to care for an immediate family member with a serious health condition, or for an employee's own serious health condition.

Leave will be without pay unless the employee's annual and/or sick leave is allowable under the Agreement. Employees using paid sick leave not in accordance with the Agreement will be required to reimburse MCPS.

---

**TYPES OF LEAVE**

**Annual\***

**Personal\***

**Personal Illness\*\***

**Illness in Family\*\***

**Family Bereavement**—Specify relationship and date of death.

**Civil, Juror, or Witness**—Not applicable when employee is plaintiff or defendant. Attach a copy of subpoena.

\*Cannot be approved if sufficient leave is not available.

\*\* All hours of available leave will be applied.

---

**READ CAREFULLY BEFORE SIGNING REVERSE SIDE:**

I have earned or been advanced leave in the amount requested. I understand that I will be required to repay any monies received for leave taken in excess of that earned if I resign before the end of the fiscal year for which leave is advanced.

**ADDITIONAL INFORMATION:** For further information refer to the appropriate agreements:

- Agreement between Montgomery County Education Association and Board of Education of Montgomery County, Rockville, Maryland
- Agreement between Montgomery County Association of Administrators and Principals (MCAAP and MCBOA) and Board of Education of Montgomery County, Rockville, Maryland
- Agreement between SEIU Local 500 and Board of Education of Montgomery County, Rockville, Maryland

---

**FAMILY AND MEDICAL LEAVE ACT (FMLA):**

Personal Illness and Illness in Family leave may be covered by the Family and Medical Leave Act (FMLA) and, as such, may be counted against your twelve (12) work-week FMLA entitlement. The FMLA covers leave for the birth and care of an employee's newborn child, for placement with the employee of a child for adoption or foster care, to care for an immediate family member with a serious health condition, or for an employee's own serious health condition.

Leave will be without pay unless the employee's annual and/or sick leave is allowable under the Agreement. Employees using paid sick leave not in accordance with the Agreement will be required to reimburse MCPS.

---

**TYPES OF LEAVE**

**Annual\***

**Personal\***

**Personal Illness\*\***

**Illness in Family\*\***

**Family Bereavement**—Specify relationship and date of death.

**Civil, Juror, or Witness**—Not applicable when employee is plaintiff or defendant. Attach a copy of subpoena.

\*Cannot be approved if sufficient leave is not available.

\*\* All hours of available leave will be applied.

---

**READ CAREFULLY BEFORE SIGNING REVERSE SIDE:**

I have earned or been advanced leave in the amount requested. I understand that I will be required to repay any monies received for leave taken in excess of that earned if I resign before the end of the fiscal year for which leave is advanced.