



## **EXTENDED LEAVE REQUEST CHECKLIST**

### **PGCEA**

### **Pregnant/Expecting Parent**

1. Medical Certification Form for Employee's Own Serious Health Condition-Maternity
2. PGCEA 10-Day Maternity/Paternity Leave Request
3. Certificate of Medical Release

### **EXECUTIVE/ASASP/LOCAL 2250/SEIU/AFSCME**

1. Medical Certification Form for Employee's Own Serious Health Condition-Maternity
2. Certificate of Medical Release

### **ALL STAFF**

### **Employee's Medical Leave**

1. Medical Certification Form for Employee's Own Serious Health Condition-Maternity
2. Certificate of Medical Release

### **ALL STAFF**

### **Employee's Family Medical Leave**

1. FMLA Certification Form for Employee's Family Serious Health Condition
2. A Written Notification to Return to Work

### **ALL STAFF**

### **Military Exigency**

1. FMLA Certification Form for Qualifying Military
2. A Written Notification to Return to Work

### **ALL STAFF**

### **Military Care Giver Medical Leave**

1. FMLA Certification Form for Care of Current Service Member with Serious Injury-Illness
2. A Written Notification to Return to Work

### **ALL STAFF**

### **Other Leave Types**

1. Extended Leave of Absence Request Form
2. Supporting Documentation (Please Refer to the Extended Leave OF Absence Request Form)
3. A Written Notification to Return to Work

### **EXECUTIVE/ASASP/PGCEA**

### **Sabbatical Leave *(Please consult your bargaining unit agreement for details)***

1. Extended Leave of Absence Request Form
2. Supporting Documentation
3. A Written Notification to Return to Work

Forms are available on the Absence Management web page –

<https://www.pgcps.org/payroll/absence-management/>

### EXTENDED LEAVE REQUEST CHECKLIST

1. Obtain the appropriate Forms for your request.
2. Complete the Employee Section and have your Supervisor/Administrator sign the leave form, if required.
3. Treating Healthcare provider completes and signs the appropriate Medical Certification Form.
4. Call 301-952-6200 to obtain the name of the Case Management Clerk for your Organization.
5. Return the completed leave request forms to your assigned Case Management Clerk. You may fax, mail, or hand deliver forms to the address and fax number found on the forms.
6. Leave request will be processed within 5 – 10 business days (excluding holidays and/or non-duty days). Requests are processed in the order received.
7. A written notification of leave approval or denial will be mailed to your home address. Electronic approval or denial will be sent via email to you, your Supervisor, Human Resources Partner and assigned Payroll personnel.
8. If your leave request is denied due to incomplete form or insufficient information, you may request a reconsideration of your leave by resubmit the required information within seven (7) business days from the date on your leave denial letter.
9. If your leave request is denied for other reasons, you must take one of the following actions: return to work immediately, resign, or apply for retirement.
10. You must submit to a written return to work notice 10 days prior to the ending of your approved leave to Absence Management. If returning from your own medical leave, you must submit a Certificate of Medical Release.