



## Request for a Leave of Absence

Complete and submit this form to the Office of Integrated Disability Leave Management. Applications for leave must be made at least 30 days in advance of the leave period, except in unforeseen circumstances. AACPS reserves the right to deny requests or postpone leave when insufficient notice of leave is provided.

Name		Employee ID
Job Title	Work Location	
Date Leave Starts	Expected Date Return to Work	

*I request a Leave of Absence from my position at Anne Arundel County Public Schools for the following reason (check only one):*

### Reason for Leave of Absence *(proper documentation is required)*

- ☐ Further study at [71] \_\_\_\_\_
- ☐ Personal illness [72]
- ☐ Maternity [73]
- ☐ Armed service [74A]
- ☐ Transfer of a military spouse [74B]
- ☐ Adoption of a child [75A]
- ☐ Care of an infant [75B]
- ☐ Severe illness of member of household [75C]
- ☐ Peace Corps [75D]
- ☐ VISTA [75E]
- ☐ Exchange teaching [75F]
- ☐ Overseas teaching [75G]
- ☐ Personal—Unit I Only (specify) [75H]: \_\_\_\_\_

Present Street Address		Forwarding Street Address (Effective Date: _____)	
City, State, Country, Zip Code		City, State, Country, Zip Code	
Phone	Alternate Phone		Email Address
Signature		Date	

**For Office Use Only:** \_\_\_\_\_ GRHS Entry/Board Prep \_\_\_\_\_ Weekly Log \_\_\_\_\_ Recruitment \_\_\_\_\_ Retirement  
\_\_\_\_\_ Supervisor \_\_\_\_\_ Executive Director of HR \_\_\_\_\_ Board Exhibit/Audit \_\_\_\_\_ Inactivate File