



DEPARTMENT OF RETIREMENT/LEAVE/UNEMPLOYMENT COMPENSATION

LETTER OF INTENT

TO:

FOR OFFICE USE ONLY	
Memo mailed to Principal	_____
Certificate Exp. Date	_____
Contract Status	_____
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	_____ (Date)
Signature	_____

Our records indicate that your \_\_\_\_\_ leave of absence from work location No. \_\_\_\_\_ expires on \_\_\_\_\_.

Please check the appropriate box below. If your response has not been received WITHIN 30 DAYS FROM THE DATE OF THIS LETTER, IT WILL BE NECESSARY TO CONSIDER THAT YOU HAVE RESIGNED AND YOUR EMPLOYMENT TERMINATED. It is important that your supervisor be notified at once of your decision. This form, together with all required documentation, must be signed as indicated and returned in the enclosed addressed envelope without delay.

All leave extensions are subject to approval and may be granted after submission of required documentation. Please be reminded that extensions of leave are governed by the following limitations:

TYPE OF LEAVE	MAXIMUM TIME ALLOWED <i>(1 year at a time if approved)</i>	DOCUMENTATION REQUIRED TO EXTEND
Personal	UTD and Conf./Exempt-2 years after satisfactory completion of 3 continuous years of employment. * (All other units 1 year)	Letter giving reasons
Professional (Study)	2 years	Official Transcript and letter from university verifying continued full-time status and planned coursework
Professional (Other)	2 years	Letter explaining need to extend
Illness of Self	3 years	Leave of Absence Medical Documentation form (FM-6030) indicating need for extension
Illness of Relative	3 years	Name and relationship of relative, Leave of Absence Medical Documentation form (FM-6030) indicating need for extension
Parental	1 year	Cannot extend - 2nd year must be personal. Only one parental leave can be continued with personal; you must have completed three (3) years of continuous full-time employment (AFSCME - full time and part time) with M-DCPS to be eligible for personal leave
Military	No limit	Copy of military orders

Notwithstanding the above limitations on the maximum length for each type of extended leave of absence without pay, the following overall limitations shall apply to any single leave or combination of leaves, regardless of category:

The number of calendar years granted for any single period of continuous leave of absence without pay, with the exception of extended military leave, shall not exceed the number of creditable salary years earned with M-DCPS (entire fiscal/school years worked for AFSCME and DCSMEC) immediately preceding the leave request, up to a maximum of four (4) for UTD, MEP, DCSAA, FOP and DCSMEC, two (2) for AFSCME (except for illness leave). A UTD employee who took leave during any part of the preceding fiscal/school year, and returned to work, is not eligible for a new leave during the subsequent fiscal/school year.

**IF YOU REQUIRE ADDITIONAL INFORMATION, PLEASE CONTACT THE LEAVE SECTION AT 305-995-7090, FAX 305-995-4692.**

- I wish to resign at the expiration of my leave. Reason \_\_\_\_\_
- I wish to retire at the expiration of my leave. *(Phone the Retirement Section at 995-7080 to determine eligibility and obtain required forms. Your employment will be terminated if retirement is still pending at the conclusion of your leave.)*
- I wish to extend my leave until \_\_\_\_\_. *(Attach documentation specified above.)\**
- I wish to return to work at the expiration of my leave. Documentation required: Doctor's unconditional release for medical leave, health care provider's release for parental leave, transcript for professional (study) leave, discharge papers for military leave.

**You are ineligible to extend if you have reached the maximum time allowed as indicated above. No other employment, either for the School Board or for another employer, is permissible while on leave unless specifically requested and approved.**

NOTIFICATION OF APPROVAL OR DISAPPROVAL OF YOUR LEAVE REQUEST MAY BE SENT EXCLUSIVELY TO YOUR E-MAIL ADDRESS.

Employee's Signature \_\_\_\_\_ Emp. No. \_\_\_\_\_ Date Signed \_\_\_\_\_  
 Home Address \_\_\_\_\_ Home Phone No. \_\_\_\_\_  
 E-mail address \_\_\_\_\_