



DEPARTMENT OF RETIREMENT/LEAVE/UNEMPLOYMENT COMPENSATION

THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA

FOR OFFICE USE ONLY
[] Approved [] Not Approved
(Signature) (Date)

REQUEST FOR LEAVE OF ABSENCE WITHOUT PAY

I, _____, hereby request a leave of absence without pay
(Please Print Name and Employee Number.)

effective _____ through _____
(Cost Center Name and Number)

TYPE OF LEAVE REQUESTED

DOCUMENTATION REQUIRED

- [] Personal Reverse side must be completed. Completion of five (5) continuous years of full-time employment with Miami-Dade County Public Schools, with the exception of parental leave extension for which only three (3) years of continuous full-time employment are required.
[] Professional (Study) Statement of educational plans, and class schedule. DCSAA employees - see back side University/Degree
[] Professional (Other) Letter indicating the professional activity to be engaged in. Full-time employment requires completion of Supplemental Information Form (FM-6445). See back side for important benefits information.
[] Extended Professional LOA for Instructional Personnel Must be accompanied by signed copy of Extended Professional LOA for Instructional Personnel Form (FM-7535). See back side for important benefits information.
[] Illness of Self or [] Relative Leave of Absence Medical Documentation form (FM-6030) indicating diagnosis, length of time required for leave. If relative: Name/relationship on (FM-6030).
[] Parental Leave of Absence Medical Documentation form (FM-6030) with anticipated date of child's birth, birth certificate, or letter from attorney or agency verifying adoption.
[] Military Copy of military orders. [] Voluntary [] Involuntary

TEACHERS: A teacher must hold a current valid Florida Teacher's Certificate in order TO BE ON LEAVE. Any prescription in effect at the commencement of leave will remain in effect upon the employee's return from leave.

ALL EMPLOYEES: The pursuit of other employment while on leave is considered a violation of the conditions of leave unless specifically requested and approved. Incomplete applications will not be accepted for processing but will be returned. IT IS THE EMPLOYEE'S RESPONSIBILITY TO INSURE RECEIPT OF THE COMPLETED APPLICATION (WITH REQUIRED DOCUMENTATION) BY THE DEPARTMENT OF RETIREMENT/LEAVE/UNEMPLOYMENT COMPENSATION, TO INFORM THAT OFFICE OF ANY CHANGE OF ADDRESS (POSTAL OR ELECTRONIC) WHILE ON LEAVE, AND TO PROVIDE, PRIOR TO THE LEAVE EXPIRATION DATE, A WRITTEN STATEMENT (WITH REQUIRED DOCUMENTATION) OF THE INTENT TO EXTEND, RETURN, OR RESIGN/RETIRE FROM LEAVE. Failure to adhere to these terms or to the conditions under which your leave is granted will result in the revocation of your leave and may result in termination. Leave of absence shall not be granted for incarceration. I certify that all information on this application is true, complete, and correct to the best of my knowledge. I understand that any omission and/or false statement on this application may result in dismissal from employment.

Signature _____ Date _____ Telephone No. _____

Address _____ (Number & Street) (City, State) (Zip Code)

Notification of approval/disapproval of leave request will be sent exclusively to your M-DCPS e-mail address.

For employees applying for an Illness of Self, Illness of Relative or Parental Leave - Approval of your Parental, Illness of Self or Illness of Relative Leave of Absence, which meets the criteria of the Family Medical Leave Act (FMLA), constitutes designation of your FMLA entitlement and comprises a part or all of your FMLA entitlement. Any paid or unpaid leave taken prior to the Board-approved leave you are seeking, which was as a result of the same condition(s) which forms the basis for this Board-approved leave/FMLA leave, will be counted as part of your FMLA leave entitlement.

The work-site administrator's recommendation is not the final disposition of the request, and should not be relied on to absent your self from work. Contact the Leave Office if you have not received authorization, via e-mail to take the leave of absence.

FOR WORK SITE ADMINISTRATOR ONLY
I recommend: [] Approval [] Disapproval (Please attach explanation.)
Signature _____ (Work Site Administrator) (Title) (Date)
PLEASE DO NOT SIGN UNTIL ALL REQUIRED DOCUMENTATION IS ATTACHED.

FOR PERSONAL LEAVE REQUESTS ONLY

CHECK ONE REASON FOR PERSONAL LEAVE REQUEST (AFSCME, DCSAA, DCSMEC, FOP, MEP, UTD)

ELIGIBLE BARGAINING UNITS

- | | | |
|-------------------------|--------------------------|--|
| All Units | <input type="checkbox"/> | 1. To serve in the Peace Corps or other U.S. Government agency sponsored programs |
| All Units | <input type="checkbox"/> | 2. To fill one (1) full-time position on the unit's staff |
| UTD | <input type="checkbox"/> | 3. To participate in an overseas teacher exchange program |
| UTD, DCSMEC, MEP, DCSAA | <input type="checkbox"/> | 4. Settlement of family estates |
| UTD, DCSMEC, MEP, DCSAA | <input type="checkbox"/> | 5. Severe family hardships |
| DCSMEC | <input type="checkbox"/> | 6. Professional improvement |
| UTD | <input type="checkbox"/> | 7. Voluntary enlistment in the National Guard or in any branch of the military service not requiring more than one (1) year of service |
| UTD, AFSCME | <input type="checkbox"/> | 8. Recuperation and regeneration * |
| UTD, AFSCME | <input type="checkbox"/> | 9. Temporary relocation of residence outside of South Florida, which could result in severe family hardship * |
| AFSCME | <input type="checkbox"/> | 10. Professional study leave with proof of full-time enrollment in an accredited college or university |
| | <input type="checkbox"/> | 11. Other ** |

* In numbers 8 and 9 above, eligible UTD and AFSCME unit members may be granted personal leave without pay for each of these reasons only once, in their career with M-DCPS.

**Personal leave for reasons other than those listed above may be approved by the Board upon recommendation of the Superintendent.

EXPLAIN IN DETAIL YOUR REASONS FOR REQUESTING PERSONAL LEAVE. (MUST BE COMPLETED BY ALL EMPLOYEES - Use separate sheet if required.)

Signature _____ Date _____

For Employees Applying for a Leave Category Not Providing Board-paid Benefits:

- Professional (Other)
- Extended Professional Leave for Instructional Personnel
- Second-Year of Personal Leave

All employees whose initial leave began after January 1, 2018 on a leave category that does not provide Board-paid benefits or changes to a leave category that does, are subject to a 90-day waiting period for benefits to be reinstated.

LEAVE INFORMATION

(Please keep for your files.)

GENERAL

All leaves (except military) are granted for no more than (1) year at a time and MAY be extended subject to the following limits and documentation requirements:

<u>TYPE OF LEAVE</u>	<u>MAXIMUM TIME ALLOWED</u>	<u>DOCUMENTATION REQUIRED TO EXTEND</u>
Personal	UTD, and Conf.Exempt 2 years (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 Miami-Dade County Public Schools 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 limitation 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 MDCPS (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, three (3) for Confidential Exempt, 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.

Sixty days prior to the expiration of your leave, you will be sent a Letter of Intent to complete and return. Please notify the Department of Retirement/Leave/Unemployment Compensation of any change in your address in order that you will be assured of receiving and returning the Letter of Intent. Failure to do so could jeopardize your employment with Miami-Dade County Public Schools.

Failure to adhere to the conditions under which your leave is granted will result in the immediate revocation of your leave and possible termination.

RETIREMENT CREDIT

Under the Florida Retirement System Pension Plan, up to 24 months (2 years) of retirement credit may be purchased for authorized leaves of absence. A member must return to the employment of a Florida Retirement System covered employer immediately upon termination of the leave and remain for at least one (1) calendar month. Retirement credit for a leave of absence will not be granted until six (6) years of creditable service have been completed. The required contributions may be made at any time prior to retirement. The member must pay the total contribution plus compounded interest. Under the Florida Retirement System Investment Plan, leaves of absence are not able to be purchased.

Under the Teacher's Retirement System there is no limit to the number of years of leave which may be purchased for retirement purposes. (For further information call the Retirement Section, 995-7080.)

EMPLOYEE BENEFITS

For more information contact the EMPLOYEE BENEFITS office at 995-7129.

Insurance coverage is provided according to bargaining unit and type of leave as indicated in the following chart:

BOARD PAID HEALTH COVERAGE AND LIFE INSURANCE BENEFITS FOR EMPLOYEES ON BOARD-APPROVED LEAVE								
	<u>UTD</u>	<u>AFSCME</u>	<u>DCSMEC</u>	<u>DCSAA</u>	<u>EXEMPT ADMIN</u>	<u>CONF. SEC'Y</u>	<u>FOP</u>	
Professional	Yes***	No	No	Yes***	Yes***	Yes***	No	No
Illness/Self	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Illness/Family	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Parental	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Personal	Yes*	Yes**	No	Yes	Yes*	Yes*	No	No**
Military	No**	No	No	No	No	No	No	No**

* Board-Paid HEALTH COVERAGE AND LIFE INSURANCE BENEFITS ONLY will be authorized for a maximum of one (1) year for each personal leave without pay granted. UTD and Confidential Exempt employees have the option to purchase HEALTH AND LIFE INSURANCE BENEFITS at the group rate for the second consecutive year of Board-approved personal leave without pay.

** Employees who are either drafted or are already members of the active or retired reserves of the United States Armed Forces (but not enlistees) who are involuntarily called to active duty, shall have their health and life insurance coverage continued by the Board for the period of their approved leave.

***If full-time employment is approved, no Fringe Benefits will be provided.

****DCSAA employees on professional leave will continue to receive Board-paid health coverage and life insurance benefits for one year.

IMPORTANT: Employees on Board approved leave have the option to continue any of their coverages through direct payment while on leave. For those benefits not mentioned above, the department of EMPLOYEE BENEFITS will contact you. All employees whose initial leave began after January 1, 2018 on a leave category that does not provide Board-paid benefits or changes to a leave category that does, are subject to a 90-day waiting period for benefits to be reinstated.