



DEPARTMENT OF RETIREMENT/LEAVE/UNEMPLOYMENT COMPENSATION

Phone: 305-995-7090 - Fax: 305-523-0495

LETTER OF INTENT

FOR OFFICE USE ONLY	
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
_____ Signature	_____ Date

TO:

Our records indicate that your _____ leave of absence from work location _____ expires on _____

Please check the appropriate box below. If your response has not been received by the expiration date of your leave, IT WILL BE CONSIDERED THAT YOU HAVE RESIGNED AND YOUR EMPLOYMENT WILL BE TERMINATED. This form, together with all required documentation, must be signed and returned to the Leave Office via fax to 305-523-0495. IT IS THE EMPLOYEE'S RESPONSIBILITY TO CONFIRM WITH THE LEAVE OFFICE THAT THE REQUIRED DOCUMENTATION TO EXTEND, RETURN, OR RESIGN/RETIRE FROM LEAVE HAS BEEN RECEIVED PRIOR TO THE LEAVE EXPIRATION DATE.

TYPE OF LEAVE	MAXIMUM TIME ALLOWED	*DOCUMENTATION REQUIRED TO EXTEND
Personal	UTD and Conf./Exempt - 2 years (all other units 1 year)	Letter giving reasons. Further documentation may be required.
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 (granted in 6 month increments)	Leave of Absence Medical Documentation form (FM-6030) indicating need for extension.
Illness of Relative	3 years (granted in 6 month increments)	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 *MEP 5 years	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. Your leave may be rescinded if you are incarcerated while on leave.

- 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.) You are not eligible to extend if you have reached the maximum time allowed as indicated above under the provisions of the collective bargaining agreements.
- I wish to **return** to work at the expiration of my leave. Documentation required: Doctor's release for medical leave, health care provider's release for parental leave, transcript for professional (study) leave, discharge papers for military leave.

Returning from Illness of Self Leave: In the event that restrictions have been noted by your healthcare provider, it may be necessary to refer your case to the American with Disabilities Act (ADA) Office.

NOTIFICATION OF APPROVAL OR DISAPPROVAL OF YOUR LEAVE REQUEST WILL BE SENT TO YOUR M-DCPS E-MAIL. IT IS THE EMPLOYEE'S RESPONSIBILITY TO INFORM THE LEAVE OFFICE OF ANY CHANGE OF ADDRESS (POSTAL OR ELECTRONIC) WHILE ON LEAVE AND TO CONTACT THE LEAVE OFFICE IF HE/SHE DOES NOT RECEIVE ADJUDICATION FROM THE LEAVE OFFICE.

For employees returning or extending from a leave category not providing Board-paid benefits: 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.

Employee's Signature _____ Emp. No. _____ Date Signed _____

Home Address _____ Home Phone No. _____

E-mail Address _____ Cell Phone No. _____