

St. Mary's County Public Schools Sick and Safe Leave Request

In order to request sick leave, you must have accrued sick leave by:

- Continued employment with SMCPS for 106 calendar days
- Working 24 hours in a two week period

Name

Any job that is accepted and cancelled within 12 hours is not eligible for sick leave, as reasonable and advance notice is required to avoid a disruption to the classroom. Your sick leave balance is on your pay stub that can be viewed on the Employee Access Center (EAC). Sick leave payment may only be made in an amount of 4 hours or greater. The cancelled job must be 4 hours or greater. Employees must wait 106 days from their date of hire to begin using leave.

Employee ID Number

		inployee ib realined	
Email address			
Date of absence			
Confirmation number of accepted jo			
Date/Time job was accepted:			_
Number of hours of the job (minimu			
Confirmation number of cancelled a	bsence:		_
Date/Time job was cancelled:			_
Number of hours of sick leave payn	ent being reques	ted (minimum 4 ho	urs):
Reason for absence (check one): To care for or treat your medical To obtain preventative medical To care for a family member of the absence from work is not stalking committed against your obtain medical or mental herorganization; (3) for legal set temporarily relocated as a result of the absence from work is not stalking committed against your obtain medical or mental herorganization; (3) for legal set temporarily relocated as a result of the absence from work is not stalking committed against your distribution.	cal care for you o with a mental or ave; or ecessary due to cou or your family alth attention; (2) rvices or proceed	r a family member; physical illness, inju- domestic violence, s member and the le to obtain services fi lings; or (4) because	ury, or condition; sexual assault, or eave is being used: (1) to rom a victim services e the employee has
Employee Signature		Da	te
Form must be submitted via email	to <u>aesop@smcps</u> absence.	org no later than tv	vo weeks following the
	FOR OFFICE USE	ONLY	
Approved Not Approved	□ No sick □ Job cand □ Cancelle than 4 h □ Employe	•	e payment request less
Human Resources Assistant	Superviso	or of Human Resour	 rces