Montgomery County Education Association

12 Taft Court | Rockville, MD 20850 | Telephone: 301.294.6232 | www.mceanea.org

MCPS – MCEA FAMILY MEDICAL CRISIS LEAVE BANK

REQUEST FORM

Please return form to MCEA via email at slb@mceanea.org

Name: _____ Employee ID No.: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

School/Dept.: _____ Cell Phone: _____

WHICH FAMILY MEMBER IS INJURED OR ILL? Please check one: ☐ **Parent** ☐ **Spouse** ☐ **Child** ☐ **Sibling**

I am hereby requesting that the MCPS-MCEA Family Medical Crisis Leave Bank (FMCLB) provide leave for me in relationship to current catastrophic and life-threatening illness or injury to a member of my immediate family.

I/We further understand and authorize the FMCLB, as part of its consideration of my request to review medical documents submitted to MCPS related to this request. I/We waive any claim that I/We might have now or in the future, against MCEA or the Montgomery County Public Schools, their employees, agents, servants, assigns, etc. regarding the review of information (personal, medical, or otherwise) pertaining to my request.

Family member's name: _____ Specific relationship: _____

This form must be signed by the employee requesting benefits.

Employee Signature: _____ Date: _____

Date all available leave will be exhausted: _____

Dates of requested leave coverage: _____

PLEASE ATTACH THE REQUIRED PHYSICIAN STATEMENT OF ILLNESS OR INJURY, INCLUDING EXPLANATION OF ASSISTANCE NEEDED, DURATION OF REQUIRED ABSENCE.

Do not write below this line—

FOR FMCLB COMMITTEE

Approved: ☐ # of Days: _____

Denied: ☐

Chairperson Signature : _____ Date: _____

MCPS OFFICE OF EMPLOYEE AND RETIREE SERVICES

Approved: Yes ☐ No ☐

Signature: _____ Date: _____

PAYROLL DEPARTMENT

Date Processed: _____ Date Reviewed & Posted: _____

Signature Payroll Department Representative: _____