



APPLICATION FOR EXTENDED LEAVE OF ABSENCE

This application is to be used by employees who are not entitled to leave through the Family Medical Leave Act (FMLA).

For the purposes of family and medical leave, an FMLA eligible employee is an individual who:

- (1) Has been employed by the District of Columbia government for one year without a break in service except for regular holidays or leave; and
- (2) Has worked at least 1000 hours during the 12-month period immediately preceding the request for family or medical leave.
- (3) Has not taken an FMLA leave within the last 12 months.

I. Personal Information			
Full Name: (Print Clearly)	LAST	FIRST	MI
Employee ID Number:			
Mailing Address:	STREET ADDRESS		APARTMENT/UNIT #
City, State:			Zip Code:
Home Phone:			Mobile/Alt. Phone:
Email Address:			
Date of Birth:			Social Security Number:
Work Location:			Position Title:

II. Emergency Contact Information			
Full Name:	LAST	FIRST	MI
Relationship:			
Primary Phone:			Alternate Phone:

III. Leave Request Information

Type of Leave Requested: (select one)	<input type="checkbox"/> Family Leave: Requested for the purpose of caring for a family member with a serious health condition or for the birth/adoption of child.	<input type="checkbox"/> Medical Leave: For an employee who has a serious health condition. Supporting certification from the employee's health care provider must be included.
--	---	--

Effective Leave Start Date:		Proposed Return Date:	
-----------------------------	--	-----------------------	--

In compliance with the District of Columbia Municipal Regulations, applicants requesting an extended leave of absence are required to provide specified documents to the Office of Human Resources at the time of the leave request.

- **Family Leave:** The request for family care leave must be supported by a certificate of the serious health condition(s) issued by the family member's health care provider.
- **Medical Leave:** The request for medical leave must be supported by attending physician's statement and the applicant has been examined and will be mentally, physically and emotionally able to resume their duties on the designated return date.

IV. Employee Signature

ALL EMPLOYEES:

I understand that per my leave request type, I am required to provide official documentation to the Office of Human Resources (OHR) at the time of application and upon my return when necessary. Without official documentation which I must provide, OHR has the right to deny my request for leave or return at any time.

I understand that the approval of an extended leave of absence is not protected under the Federal or District Family Medical Leave Act (FMLA) or the Americans with Disability Accommodation Act (ADAA). I further understand that my current position may be filled at any time during my extended leave and that I may be terminated at any time during my extended leave of absence.

I understand that I must provide to OHR, advance written notice thirty (30) days prior to the expiration of my leave of absence of my intent to return to the District of Columbia Public Schools. I further understand that my failure to return to duty following the expiration of leave of absence may be construed as my voluntary resignation.

I understand that I am responsible for my share of the payments of benefits premiums during non-pay status. It is my responsibility to contact the DCPS Office of Human Resources – Benefits Unit to arrange payment for missed premiums. If I do not pay the missed premiums per the arrangement with the Office of Human Resources, I understand that my coverage will be immediately terminated and I will be responsible for the full cost of any services used while in a non-pay status.

ET-15 EMPLOYEES ONLY:

I understand that all ET-15 or other classroom based employees may be required to return to duty at the beginning of a semester following an extended leave of absence.

Employee Signature

Date

V. Approval

NOTE: Only the Director of the DCPS Office of Human Resources can approve extended leave requests. Your request for leave of absence is not approved until you receive a letter from the Director of the DCPS Office of Human Resources.

Director of Human Resources Signature – Approval

Date

EMPLOYEE HEALTH BENEFITS OPTIONS WHILE IN NON-PAY STATUS

I. Personal Information			
Employee Name:	LAST	FIRST	MI
Employee ID:			
Health Benefit Plan:			Last Four SSN:
Effective Leave Date:			Effective Return Date:

II. Benefits Information

The US Office of Personnel Management and District Government have issued new regulations governing payments of health benefits premiums during non-pay status. These new regulations permit an employee to continue participation in the health benefits program for 365 days while in a non-pay status.

Each pay period you are enrolled in the FEHB (Federal Employee Health Benefits) or DCEHB (District of Columbia Employee Health Benefits) Program, you are responsible for payment of the employee’s share of the premium. When you enter non-pay status, it is insufficient to cover the premium payment. You must elect one of the following options:

Continue the Enrollment and Agree to Pay the Premiums: If you elect to continue your coverage and agree to pay the premiums, you must pay the premiums directly to your personnel office. To make direct payments to your personnel office, mail a money order or cashier’s check payable to DC Treasury. Your name, social security number, and the pay period for which the payment is being made should be included on your check or money order. You must also notate that the payment is for FEHB or DCEHB Premiums. A payment coupon is available through your personnel office for your use and may be submitted with each payment.

Continue the Enrollment and Incur a Debt: If you elect to continue the enrollment and incur a debt in the amount of the unpaid premiums OR if you elect to make a direct payment but fail to pay the entire amount due, you will receive a notice stating the total amount due. The notice will be sent to you when you return to pay status, your pay becomes sufficient, you separate from employment or you have completed 365 days in a non-pay status. By electing to continue coverage you agree to repay the resulting debt in full and allow the debt to be collected by withholdings from any salary payments to you from DC Government. If the amount due cannot be withheld in full from salary, it will be recovered from a lump sum payment or accrued leave, income tax refunds, amounts payable under the Civil Service Retirement or Federal Employees Retirement System. If you choose not to return to DCPS following a leave of absence, you are still required to pay the debt. *This is not an option for employees enrolled in Kaiser Permanente.*

Terminate the Enrollment: If you elect to terminate your enrollment (or the enrollment automatically terminates), the termination will take effect at the end of the last pay period in which premiums were withheld from pay. FEHB and DCEHB coverage will continue at no cost to you for an additional 31 days. During the 31-day period, you and your covered family members may convert to a non-group contract. The termination is not considered a break in continuous coverage which is necessary for continuing FEHB or DCEHB coverage into retirement. However, the period during which the termination is in effect does not count toward satisfying the required five years of continuous coverage. When you return to pay and duty status or at the end of the first period your pay becomes sufficient to cover your premium, you must re-enroll within 31 days if you want FEHB or DCEHB coverage.

I hereby certify that I have read the notice above and I understand my health benefits options while in a non-pay status. Based on what I have read, I have elected to enroll in the following option:

- Continue the enrollment and agree to pay premiums Incur a debt* Terminate the Enrollment

Employee Signature

Date

* The Federal (FEHB) and District (DCEHB) Kaiser Permanente Health Plans do not offer the “Incur a Debt” option. Employees enrolled in either of these plans must elect to continue to pay premiums or to terminate the enrollment.