



# Bonding Leave Donation Form

Human Resources

Clear Form

Frederick County Public Schools  
191 South East Street  
Frederick, Maryland 21701

FCPS Form #003-F11  
November 2023

### From the FCTA Negotiated Agreement

For families in which both parents work for FCPS, each employee may take up to 12 weeks of leave during the first year of the child's life or placement for adoption or as a foster child. This leave will be administered based on FMLA guidelines, when applicable.

Should one parent not have sufficient sick leave accrued, the other parent may donate sick leave they have accrued to the other parent to use during their qualified leave.

### PARENT #1: PARENT RECEIVING THE DONATION

Name: \_\_\_\_\_ FCPS ID #: \_\_\_\_\_

I plan to take birth/adoption/bonding leave beginning: \_\_\_\_\_

My estimated return date is: \_\_\_\_\_

I have # \_\_\_\_\_ hours of sick leave available for use

I will accept the donation below with the understanding that the leave is to be used per the policy stated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PARENT #2: PARENT DONATING LEAVE

Name: \_\_\_\_\_ FCPS ID #: \_\_\_\_\_

I will donate # \_\_\_\_\_ hours of my currently available sick leave

I am donating the leave with the understanding that the leave is to be used per the policy stated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### HR BENEFITS USE

#### Parent #2:

Sick leave available for donation: \_\_\_\_\_ (hours)

Leave transferred: \_\_\_\_\_ (hours) Date: \_\_\_\_\_

#### Parent #1:

Sick leave is exhausted on: \_\_\_\_\_ (date)

Hours need until return to work date as stated above: \_\_\_\_\_ (hours)

Hour received: \_\_\_\_\_ (hours) Date: \_\_\_\_\_

Return this form to [benefits.fmla@fcps.org](mailto:benefits.fmla@fcps.org) for review and processing