



Parental Leave Form

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

FCPS Form 003-F08

October 2025

Clear Form

Email: Benefits.FMLA@fcps.org

Date: _____

Name:	Employee ID:
Address:	Job Title:
Phone:	Work Location:
Hire Date:	Employee Type:
Have you taken and extended leave this fiscal year? ☐ Yes ☐ No	
If yes, please give timeframe:	
Dates of requested leave:	

Select the option that best describes your plans.

Once the baby is born, I plan to:

- ☐ Return to work after being medically cleared (generally 6-8 weeks).
- ☐ Return to work after taking the full leave period of 12 weeks.
- ☐ Take bonding leave intermittently for the following dates,ⁱ
- ☐ Ask to take additional time off beyond 12 weeks. I request to return onⁱⁱ
- ☐ Other plans – explain:ⁱⁱⁱ

Important Notes:

- During your absence, you will use your own leave (sick, personal and annual) to cover the time off. Once your leave is exhausted, it will be unpaid leave unless another source of paid leave exists. If you exhaust your own sick leave and are not medically cleared to return to work, you may have the following options:
 - Sick Leave Bank – Reach out to the appropriate Union to seek information about applying for Sick Leave Bank. FCTA/FASSE 301.662.9077.
 - Review your Negotiated Agreement for other opportunities, including the 10-day grant.
- You have 30 days from the date of birth to update your health benefits. More information can be found under the Qualifying Life Events tab on our [website](#).
- Reference FCPS [Regulation 300-42](#) and [Negotiated Agreements](#) for a full explanation of leave opportunities.

Signature

i. Bonding leave must be taken at a minimum of 11-day time blocks.

ii. Prior approval from Human Resources is needed or refer to your Negotiated Agreement for FCTA.

iii. Please also submit a [Status Change Form](#) if applicable Forms Benefits Office