



DEPARTMENT OF RETIREMENT/LEAVE/UNEMPLOYMENT COMPENSATION

Phone: 305-995-7090 - Fax: 305-523-0495

LETTER OF INTENT

FOR OFFICE USE ONLY	
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
_____	_____
Signature	Date

TO:

Our records indicate that your _____ leave of absence from work location _____ expires on _____

Please check the appropriate box below. If your response has not been received WITHIN 30 DAYS FROM THE DATE OF THIS LETTER, IT WILL BE NECESSARY TO CONSIDER THAT YOU HAVE RESIGNED AND YOUR EMPLOYMENT TERMINATED. It is important that your supervisor be notified at once of your decision. This form, together with all the required documentation, must be signed as indicated and returned in the enclosed addressed envelope without delay.

All leave extension requests adjudicated and decision notice sent exclusively via school email. Extensions of leave are governed by the following limitations:

TYPE OF LEAVE	MAXIMUM TYPE ALLOWED	*DOCUMENTATION REQUIRED TO EXTEND
Personal	UTD and Conf./Exempt – 2 years (all other units 1 year)	Letter giving reasons. Further documentation may be required.
Professional (Study)	2 years	Official Transcript and letter from university verifying continued full-time status and planned coursework.
Professional (Other)	2 years	Letter explaining need to extend.
Illness of Self	3 years (granted in 6 month increments)	Leave of Absence Medical Documentation form (FM-6030) indicating need for extension.
Illness of Relative	3 years (granted in 6 month increments)	Name and relationship of relative, Leave of Absence Medical Documentation form (FM-6030) indicating need for extension
Parental	1 year	Cannot extend – 2 nd year must be personal. Only one parental leave can be continued with personal; you must have completed three (3) years of continuous full-time employment (AFSCME – full time and part time) with M-DCPS to be eligible for personal leave.
Military	No limit *MEP 5 years	Copy of military orders

Notwithstanding the above limitations on the maximum length for each type of extended leave of absence without pay, the following overall limitations shall apply to any single leave or combination of leaves, regardless of category:

The number of calendar years granted for any single period of continuous leave of absence without pay, with the exception of extended military leave, shall not exceed the number of creditable salary years earned with M-DCPS (entire fiscal/school years worked for AFSCME and DCSMEC) immediately preceding the leave request, up to a maximum of four (4) for UTD, MEP, DCSAA, FOP and DCSMEC, two (2) for AFSCME (except for illness leave). A UTD employee who took leave during any part of the preceding fiscal/school year, and returned to work, is not eligible for a new leave during the subsequent fiscal/school year. Your leave may be rescinded if you are incarcerated while on leave.

I wish to **resign** at the expiration of my leave. Reason: _____

I wish to **retire** at the expiration of my leave. (Phone the Retirement Section at 305-995-7080 to determine eligibility and obtain required forms. Your employment will be terminated if retirement is still pending at the conclusion of your leave.)

I wish to **extend** my leave until _____ (Attach documentation specified above). You are not eligible to extend if you have reached the maximum time allowed as indicated above under the provisions of the collective bargaining agreements.

I wish to **return** to work at the expiration of my leave. Documentation required: Doctor’s release for medical leave, health care provider’s release for parental leave, transcript for professional (study) leave, discharge papers for military leave.

Returning from Illness of Self Leave: In the event that restrictions have been noted by your helthcare provider, it may be necessary to refer your case to the Americans with Disabilities Act (ADA) Office.

NOTIFICATION OF APPROVAL OR DISAPPROVAL OF YOUR LEAVE REQUEST WILL BE SENT EXCLUSIVELY TO YOUR M-DCPS E-MAIL ADDRESS. IT IS THE EMPLOYEE’S RESPONSIBILITY TO CONTACT THE LEAVE OFFICE IF HE/SHE DOES NOT RECEIVE ADJUDICATION FROM THE LEAVE OFFICE.

Employee’s Signature _____ Employee No. _____ Date Signed _____

Home Address: _____ Home Phone No.: _____

E-mail Address: _____ Cell Phone No.: _____