

MCPS – SEIU Local 500 FAMILY MEDICAL CRISIS LEAVE BANK
REQUEST FORM

901 Russell Ave., Suite 300
Gaithersburg, Maryland 20879

Name: _____

Employee ID No.: _____

Address: _____

Home Phone: _____

Work Phone: _____

School/Dept.: _____

Cell Phone: _____

WHICH FAMILY MEMBER IS INJURED OR ILL? Please circle one: Parent Spouse Child Sibling

I am hereby requesting that the MCPS—SEIU Local 500 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 SEIU Local 500 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.

Return this completed form to:
SEIU Local 500 FMCLB Coordinator
901 Russell Ave., Suite 300
Gaithersburg, MD 20879

**Do not write below this line—
FOR FMCLB COMMITTEE**

MCPS OFFICE OF EMPLOYEE AND RETIREE SERVICES

Approved _____ # of Days _____

Approved: Yes _____ No _____

Denied _____

Signature: _____ Date: _____

_____ Date: _____

Chairperson Signature

PAYROLL DEPARTMENT

Date Processed _____ Date Reviewed & Posted _____

Signature Payroll Department Representative: _____

MCPS/SEIU FAMILY MEDICAL CRISIS LEAVE BANK

CONFIDENTIAL

MEDICAL DOCTOR'S STATEMENT

SEIU Local 500

Attn: FMCLB Coordinator

901 Russell Ave, Suite 300

Gaithersburg, Maryland 20879

The Family Medical Crisis Leave Bank (FMCLB) is to provide family illness leave to MCPS Bargaining Unit members who have exhausted ALL available forms of sick, personal, and annual leave. The FMCLB is solely for situations for catastrophic and life threatening illness or injury (medical emergency) to **MEMBERS OF THE IMMEDIATE FAMILY**. This leave is **NOT** available for the employee's illness or injury.

Patient's Name: _____

Patient/Representative Signature _____ Date _____
(The patient's signature indicates approval of the necessary HIPPA releases to provide the requested information.)

Employee's Name _____ Employee's Relation to Patient: _____

TO BE COMPLETED BY PHYSICIAN

This benefit is funded by Montgomery County Public Schools employee donations of leave. This is not an insurance benefit or funded by any other means.

FAILURE to provide and complete all fields on this form may result in a delay or denial of the requested grant.

Required statement of illness, care needed from applying member, expected duration of required absence from work of the applying unit member.

Licensed Medical Doctor's Name (type or print) _____ Telephone _____

Physician's Signature _____ Date _____

Physician's Address _____ City _____ State _____ Zip _____

Return this completed form to SEIU Local 500 at the address above.