

Absence and PTO Requesting and Reporting

Except in instances of illness or exigent circumstances, all requests for PTO leave must be submitted, in writing, to the School's Director at least 7 days prior to the requested leave. Every effort will be made to grant the requested leave on the date and at the time desired.

If the need to use PTO is foreseeable (for example, a scheduled doctor's appointment), the employee must provide notice at least 7 days prior to using leave. Notice must be given through the PTO form (*i.e.*, Pink Slip) following the directions on the form and initialed by the staff member. If the need to use PTO is not foreseeable, the staff member must provide notice using the PTO form as soon as practicable.

If a staff member has exhausted his or her PTO leave, absent illness and exigent circumstances, or is requesting PTO for a reason not covered by the Act, all requests for leave must be submitted, in writing, at least 60 days prior to the requested leave. Approval of non-PTO leave is at the sole discretion of the School's Director.

If any conflicts arise in requests for leave when 2 staff members are requesting the same time and/or date off, preference will be given to the first staff member who requested the time off.

In instances of illness or exigent circumstances, staff members must notify the Director the evening before or prior to 6:00 a.m. on the morning of the absence, and in no event later than 7:15 a.m. on the day of the absence. Additionally, in instances of illness or exigent circumstances, do not rely on anyone else to call for you absent emergency circumstances rendering you unable to call in. Report in advance each day you plan to be absent.

If a staff member uses PTO for more than 2 consecutive days pursuant to the Act, the staff member must provide written verification from a medical professional that the leave use was appropriate.

Any staff member who is absent for 2 consecutive work days because of an illness pursuant to the Act and fails to report his or her absence will be considered to have automatically and voluntarily quit. Failure to provide written certification from a medical professional in instances of absences over 2 consecutive working days may also result in termination.

Staff members are encouraged to only use PTO leave for one of the reasons authorized by the Act. Staff members using PTO for unauthorized purposes or who have demonstrated a pattern of abusing PTO may be subject to discipline. Discipline can include suspension or termination.

The School may not retaliate against any staff members for exercising the rights granted to them by the Act.

The School reserves the right to modify this PTO Policy at anytime.

If a staff member feels that his or her rights have been violated under the Act or would like more information about it, the Employee may contact the Commissioner of Labor and Industry, located 1100 North Eutaw Street, Room 600, Baltimore, Maryland 21201, or e-mail the Commissioner at dlidlilaborindustry-dllr@maryland.gov

"Pink Slip" Directions: Please complete the "Yellow Slip" hand it into the Director to initial for approval, Director will give it to the Finance Manager to record for payroll, and Staff will initial and keep. In the instance of being sick, a Staff Member is required to submit the "Yellow Slip" upon return to work to be processed.

"Yellow Slip" – PTO Request Form

Employee Name: _____ Date: _____

Date PTO Requested: _____ Time: _____ Total Hours: _____ AM/PM

Sub: _____ Return date: _____ Reason for Request:

☐ illness ☐ Bereavement ☐ Professional Development ☐ Other (please explain)

Approved/Denied - Director Initials: _____

of PTO Hours Available: _____ Used in this request: _____ Balance _____

Finance Manager Initials: _____ Staff Initials: _____

"Pink Slip" – PTO Request Form

Employee Name: _____ Date: _____

Date PTO Requested: _____ Time: _____ Total Hours: _____ AM/PM

Sub: _____ Return date: _____ Reason for Request:

☐ illness ☐ Bereavement ☐ Professional Development ☐ Other (please explain)

Approved/Denied - Director Initials: _____

of PTO Hours Available: _____ Used in this request: _____ Balance _____

Finance Manager Initials: _____ Staff Initials: _____

"Pink Slip" – PTO Request Form

Employee Name: _____ Date: _____

Date PTO Requested: _____ Time: _____ Total Hours: _____ AM/PM

Sub: _____ Return date: _____ Reason for Request:

☐ illness ☐ Bereavement ☐ Professional Development ☐ Other (please explain)

Approved/Denied - Director Initials: _____

of PTO Hours Available: _____ Used in this request: _____ Balance _____

Finance Manager Initials: _____ Staff Initials: _____
