



MATERNITY LEAVE REQUEST

Date of Request: _____

Employee: _____

School(s): _____

REQUEST LEAVE FOR FOLLOWING PERIOD:

Anticipated Last day of Work: _____

Anticipated Return to Work: _____

Employee Signature: _____

In accordance with Article V, Section F, of the Master Contract;

This request for maternity leave should be presented to the Director of Special Education at least 30 days prior to the date upon which leave is to commence (except in the case of an emergency).

A physician's statement certifying pregnancy or a copy of the birth certificate of the newborn child should be attached.

In accordance with Article V, Section F, of the Master Contract, if a teacher becomes disabled as the result of pregnancy entitling said teacher to leave benefits, the time covered by such sick leave benefits must be determined by certificate of the attending physician, describing the nature of such disability and the term. All or any portion of a leave take by a teacher because of temporary disability caused by pregnancy may be charged, at her discretion, to her available sick days. The teacher is entitled to complete the remaining leave without pay.

IF DISABLED, IS CERTIFICATE OF THE PHYSICIAN ATTACHED? Yes No

IF DISABLED, NUMBER OF SICK DAYS TO BE USED DURING LEAVE: _____

ADMINISTRATIVE ACTION

Date _____ Request received by Director of Special Education

Date _____ GOVERNING BOARD OF SPECIAL SERVICES, JOHNSON COUNTY SCHOOLS

Approved

Denied