

Request for Maternity Leave

Medical certification that pregnant employee is able to continue in her position:

This will certify that _____

teaching _____ (grade and /or subject)

at _____ School, because of her physical condition

can continue in her job until _____, which is

_____ days prior to expected date of birth of her unborn child. Without any

complications she should be able to return to work on _____

Additional Remarks: _____

Signature _____

Attending Physician

Certification by teacher of number of accumulated sick leave days wanted before going on maternity leave.

On the date specified above I will be taking time off for the birth of my child. On that day I will have _____ days of accumulated sick leave. I plan to use _____ days of this time as sick leave understanding that when I have used all of my accumulated sick leave or the number of days indicated I will automatically go on **Extended Sick Leave**. I also realize that it will be my obligation to continue my premium payments if I wish my insurance coverage to continue while I am on maternity leave, or to cancel in writing to the payroll department; otherwise my insurance will automatically be cancelled the last day of the month my leave becomes effective.

Additional Remarks: _____

Signature _____

Teacher

Acknowledgement of above information for certification by principal.

I have reviewed the above information and understand that _____,
teacher at _____ School, will leave her position at the end of
the school day on _____ and will return to her position
barring any complications on _____.

I also understand that she will spend _____ days on sick leave before officially going on
maternity leave. I will advise the Assistant Superintendent (by letter) the day that the
above teacher returns to work.

**RELEASE FORM WITH PROPER PHYSICIAN'S STATEMENT MUST BE
OBTAINED FROM HUMAN RESOURCES office PRIOR TO RETURNING TO
WORK.**

Signature _____

Principal