

BERKELEY TOWNSHIP BOARD OF EDUCATION

MATERNITY LEAVE REQUEST FORM
(DUE 30 DAYS PRIOR TO START OF LEAVE)

Date: _____

To: Superintendent

From: _____ Location: _____

I hereby request a maternity leave from my official duties due to the impending birth of my child.

My expected delivery date is: _____ (doctor's note required).

For my maternity leave I expect to use _____ day(s)* of my accumulated sick leave as per the BTEA Contract beginning _____ through _____.

***NOTE:** Per the BTEA contract, you are eligible for up to 20 paid sick days before your delivery date and 20 paid sick days immediately after your delivery. If you have a medical reason to use more than those 40 paid sick days a signed statement from the attending physician is required.

Please notify the Superintendent's office within one week of date of birth in order to recalculate dates if necessary.

If I qualify, I would like to take an unpaid maternity/child rearing leave under FMLA for _____
CIRCLE ONE
days (60 days = 12 weeks) beginning _____ through _____.

Additionally, I would like to continue on an unpaid leave from _____ through _____.
Since this is not a leave under FMLA I am aware that I need to make Cobra payments to continue my health benefits.

I expect to resume my regular duties on _____ (doctor's note required).

Please be aware that the actual date of birth may alter the dates above. After we are informed of the date of birth, if these dates need to be revised we will notify you accordingly.

Upon receipt of request and initial review, you will be notified within 5 business days if this request has been accepted.

Employee Signature: _____ Date: _____

For Central Office Use Only (c: Payroll Benefits, Attendance)

Initial Review: _____ Date: _____

Board Agenda Date: _____