

**NOTIFICATION OF PREGNANCY**

Name \_\_\_\_\_ Date \_\_\_\_\_

School or Department \_\_\_\_\_

Present Position \_\_\_\_\_

As an employee of the St. Martin Parish School Board, I hereby notify the Office of Human Capital that I am \_\_\_\_\_ months pregnant and the expected date of birth is \_\_\_\_\_.

Attached is a statement from my physician stating that I am capable of fully performing my duties and also an indication of my expected due date.

\_\_\_\_\_  
Signature of Principal or Supervisor

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Number

**This form is to be presented to the Office of Human Capital & Operations at least five (5) months before the expected date of birth.**

**REQUEST FOR MATERNITY LEAVE**

NAME: \_\_\_\_\_

SCHOOL/OFFICE: \_\_\_\_\_

I am requesting maternity leave to begin \_\_\_\_\_

The expected date of the birth of my child is \_\_\_\_\_

Type of leave requested: (check one)

Leave without pay \_\_\_\_\_

Leave using current and accumulated sick leave \_\_\_\_\_

Using extended (maternity) sick leave \_\_\_\_\_ Date: \_\_\_\_\_

*(If using extended leave you must complete the "extended leave packet")*

Employee Signature \_\_\_\_\_

Social Security Number \_\_\_\_\_

Principal/Supervisor's signature \_\_\_\_\_ Date \_\_\_\_\_

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**(TO BE COMPLETED BY PHYSICIAN)**

This is to certify that the above named patient is in need of medical leave. His/her expected date of confinement is \_\_\_\_\_ to \_\_\_\_\_  
(month/day/year) (month/day/year)

\_\_\_\_\_  
Name of Physician (Please print)

\_\_\_\_\_  
Physician's Signature

**Return completed form to:**

**St. Martin Parish School Board  
Office of Human Capital & Operations  
P. O. Box 1000  
Breaux Bridge LA 70517**