

OAK GROVE SCHOOL DISTRICT/HUMAN RESOURCES  
6578 Santa Teresa Blvd., San Jose, CA 95119  
408-227-8300, ext. 100280

**RECOMMENDATION AND CERTIFICATION OF PREGNANCY**

Name: \_\_\_\_\_ Site: \_\_\_\_\_ Position: \_\_\_\_\_

**1. EMPLOYEE'S REQUEST FOR LEAVE: (Completed by employee)**

*I understand the District has a policy which provides a pregnant employee with a paid leave of absence during that period of time which she is disabled and physically unable to perform her regular duties. I wish to apply for sick leave from:*

*approximately \_\_\_\_\_ to approximately \_\_\_\_\_*

*(Dates must correspond with Doctor's recommendation on 3.5 and 3.6 below.)*

**2. SUPERVISOR'S RECOMMENDATION: (Completed by immediate supervisor)**

2.1 Briefly describe the employee's duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

2.2 Describe duties, if any, which might cause the employee a hardship during her pregnancy: \_\_\_\_\_

\_\_\_\_\_

2.3 Additional Comments: \_\_\_\_\_

\_\_\_\_\_

Supervisor Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_

**3. DOCTOR'S CERTIFICATION AND RECOMMENDATION (Completed by employee's physician prior to leave)**

3.1 Present physical condition of employee:  Excellent  Good  Fair  Poor

Comments: \_\_\_\_\_

3.2 In your opinion, are there any duties/responsibilities (see above) from which the employee is to refrain?

Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

3.3 Will this pregnancy present any hardship or complication for the employee?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

3.4 Approximate date of birth: \_\_\_\_\_

3.5 Approximately how many days prior to delivery will the employee be physically incapable of performing her duties?

\_\_\_\_\_

3.6 Approximately how many days after childbirth will the employee be physically unable to resume her duties?

\_\_\_\_\_

Signature of Doctor: \_\_\_\_\_ License Number: \_\_\_\_\_ Date: \_\_\_\_\_