

## Anticipated Medical Leave For Pregnancy

### Employee Section

Employee Name	
Employee Work Location	
Employee Position Title	

I hereby notify the Lawndale Elementary School District that I am expecting a child.

My anticipated delivery date is \_\_\_\_\_.

*(note: under normal circumstances, leaves of absence / disability coincides with delivery date).*

My Healthcare provider has authorized my continued active work status (select one):

- Through my anticipated delivery date.
- Through \_\_\_\_\_.

I plan to return to work on approximately \_\_\_\_\_, unless unforeseen circumstances arise.

Employee Signature		Date	
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### Healthcare Provider Section

Healthcare Provider Name	
Phone Number	
Address	
City, State, Zip Code	

Healthcare Provider Signature		Date	
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