Maternity/Adoption/Childrearing Leave Request

THIS AFFIDAVIT IS ESSENTIAL FOR PAYROLL PURPOSES. PLEASE COMPLETE THE FORM WITH CARE AND RETURN IT AS DIRECTED BY THE PRINCIPAL/DESIGNEE.

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MATERNITY/ADOPTION/CHILDREARING LEAVE: GRANTED UNDER THE TERMS OF POLICY 03.1233.

Estimated dates of leave: _____ to _____

Check one:

☐ Paid maternity leave. Number of sick leave days _____
☐ Unpaid maternity leave. (Number of days_____)
☐ Paid birth or adoption leave. (Number of sick leave days: ___)
☐ Unpaid childrearing leave. (Number of days_____)

Caring for a child after birth or placement of a child with an employee for adoption or foster care or recuperation from delivery qualify for family and medical leave.

Paid leave used by the employee, in compliance with policy 03.1233, shall be subtracted from the twelve (12) workweeks to which an eligible employee is entitled under the family and medical leave entitlement.

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_____   _____
Signature of Superintendent/Designee   *Date*

_____   _____
Employee's Signature   *Date*

Review/Revised:09/19/02