

# HAWTHORNE PUBLIC SCHOOLS

## MATERNITY LEAVE REQUEST FORM

**To:** Superintendent

**From:** \_\_\_\_\_

**Subject:** Maternity Leave Request

**Date:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Assignment:** \_\_\_\_\_

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

Date to begin leave is:

\_\_\_\_\_, month / day / year

Expected delivery date is:

\_\_\_\_\_, month / day / year

Date to return to duties is:

\_\_\_\_\_, month / day / year

I expect to use \_\_\_\_\_ day(s) of my accumulated sick leave\*

I expect to use \_\_\_\_\_ day(s) without pay.

***\*NOTE: Paid sick leave is limited to twenty days prior to your delivery date and twenty days following your delivery (your period of disability).***

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Principal's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Superintendent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_