

KENMORE-TOWN OF TONAWANDA UNION FREE SCHOOL DISTRICT

MATERNITY LEAVE NOTIFICATION

I am notifying the Kenmore-Town of Tonawanda Union Free School District of my intentions for maternity leave:

My expected due date is:

Month Day Year

My leave will tentatively start on:

Month Day Year

I will return to work on:

Month Day Year

Unpaid Leave begins:

Month Day Year

Medical documentation attached: ☐ Yes ☐ No

ADDITIONAL PLANNING INFORMATION

Please tell us if you wish to use any of the following benefits, while you are on leave:

- ☐ Accumulated sick leave (paid leave): _____
Note: Generally may use up to six weeks for regular delivery and up to eight weeks for caesarian section (as available) See KTA article 10, KTSEA article 11 and KAA article 7.

- ☐ FMLA (non-paid leave): _____
NOTE: FMLA runs concurrently with other forms of leave for a period of up to 12 weeks. See the HR Office or KTA section 10.8 for more information.

- ☐ Child Care or Family Care Leave: _____
NOTE: See your unit contract for additional information (KTA 10.4, KTSEA 11.03 and KAA 7.3). Further note that the district/KTA have agreed that teaching personnel must notify the school district by April 1st regarding their intentions for the following year.

ID#

Employee's Signature

Position

Building Location

Date

Principal/Supervisor Signature

Date