

SCOTCH PLAINS FANWOOD PUBLIC SCHOOLS

MATERNITY LEAVE REQUEST FORM

Date: _____

To: Adina Williamson, Manager of Human Resources

My name is _____, and I teach _____
at _____ School. I am expecting a child and hereby request a
child-bearing and/or child-rearing leave of absence. My expected delivery date is
_____. Please find my physician's note attached certifying this leave request.

I am requesting a paid leave of absence as follows:

- From: _____ to _____ and that I use ____ of my Sick Days
and ____ of my Personal Days **before** childbirth. **(Maximum use of 20 days)**
and
- From: _____ to _____ and that I use ____ of my Sick Days
and ____ of my Personal Days **after** childbirth. **(Maximum use of 20 days)**

I am requesting an unpaid leave of absence as follows:

- FMLA and NJFLA (maximum 12-weeks): From: _____ to _____.
- I wish to extend my childrearing leave: From: _____ to _____.

**(Childrearing leaves are without pay and benefits and must end on the last day of a
marking period or the end of the school year, June 30)**

I will return to work on _____.

Thank you for your consideration.

Sincerely,

(Employee Signature)

Cc: Principal