Request for Georgia Maternal Birth Leave

Butts County School System- Human Resources Department Phone: 770-504-2300 Fax: 770-504-2305

Employee Information		
Name:		Last 4 digits of SS #:
Position:		Location:
Hire date:	Contact#:	Secondary Contact #:

If you are married, is your spouse employed by Butts County School System? ☐ Yes ☐ No If yes, last 4 digits of spouse SS#: _____

Type of Leave Request

Reason for leave (check the reason that applies below):

☐ Birth of child

Amount of Leave Requesting

I am requesting the GA Maternal Birth Leave (GMBL) be granted for the following period of time:

Date Leave Begins:	Date Leave Ends:
Last Date Worked:	Anticipated Return to Work Date:

Acknowledgement

I understand that verification/certification from a certified health care provider addressing my reason for the leave request must be submitted to the Human Resources Department. I also understand that the certification must include the following:

1. Confirmation/Verification of birth
2. The beginning and estimated ending date of employee's need for leave
3. Health care provider's signature

I have read the Georgia Maternal Birth Leave policy, and I agree to abide by its requirements. My signature affirms that I have been truthful in my request for GAMBL leave. I understand that falsification of information may lead to disciplinary action, up to and including termination.

I understand that a failure to return to work at the end of my leave period may be treated as a resignation unless an extension has been agreed upon and approved in writing.

Employee's Signature:	Date:
Principal/Supervisor Signature:	Date:

Request must be submitted to the Human Resources Department upon approval/signature of principal/supervisor.