

REQUIREMENTS AND APPLICATION FOR MATERNITY LEAVE / ADOPTIONS

I. ELIGIBILITY:

- The System shall grant leaves of absence to an employee for a reasonable time before and after childbirth or adoption. **Typical maternity leaves are 6-8 weeks. Any leave requiring additional time must be accompanied by additional physician statements.** The granting of such leaves shall not affect any of the tenure rights or continuous service, which the employee may have acquired prior to the leave.

II. REQUIREMENTS:

- An applicant for maternity leave must select one of the four (4) plans denoted herein in order to receive maximum maternity leave benefits due to childbirth or adoption, and each applicant is encouraged to conference with a supervisor of personnel in order to ensure the selection of the best plan of benefits for the present as well as the future.

III. PREFERENCE PLANS

PLAN A - Will be absent and have enough accrued sick leave to cover the entire leave period.

PLAN B - Will be absent and will exhaust all accrued sick leave and will use extended sick leave provision.

PLAN C - Will be absent and will exhaust all accrued sick leave and all extended sick leave will need to be docked the daily rate of pay for all absences not covered by sick leave.

PLAN D - Leave Without Pay ONLY.

- Maternity leave / Adoption is treated as any other personal illness; therefore, you will need to remember to submit the following statements to the **Payroll Department** in a timely manner.
 1. **First Statement – Physician Excuse** - This statement is due after six (6) consecutive absences, and should verify the beginning of your leave. This will allow for continuation of paychecks.
 2. **Second Statement – Physician Excuse** - is due not later than ten (10) days after the delivery of the child and should verify the ending date of the disability period.
 3. **Third Statement – Release to Return to Work** – This is due on or about six (6) weeks after the birth of the child, and should verify the date the physician releases the employee due to the leave relating to pregnancy or adoption. You must have a release to return to work.

No physician's statement will be accepted with any whiteouts or information scratched out. The physician's signature needs to be an original signature. No stamp allowed.

RETURN THIS FORM TO THE PERSONNEL DEPARTMENT

**REQUIREMENTS AND APPLICATION FOR
MATERNITY LEAVE / ADOPTION**

PLEASE PRINT

Name of Applicant: _____

Applicant's Address: _____

City

State

ZIP

Applicant's Social Security #: _____

Applicant's Home Phone #: _____

Applicant's Cell Phone #: _____

Name of Applicant's School/Department: _____

Applicant's Assignment: _____

Date Form was Completed: _____

Expected Date of _____ **Delivery** or _____ **Adoption**

Expected Beginning Date of Leave: _____

Expected Date of Return: _____

DO NOT LEAVE THIS BLANK. GIVE US AN **EXPECTED** DATE OF RETURN.

Preference Plan Selected – A, B, C or D: _____

Name of Physician: _____

Signature of Employee: _____

Employees who are expecting a child are encouraged to notify their principal or department head and a supervisor of personnel as soon as possible in order to ensure the appropriate administration of the leave and maximum benefits for the present and future.