



## MATERNITY LEAVE REQUEST FORM

**Employee Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Grade/Subject:** \_\_\_\_\_

Per the terms of the Collective Bargaining Agreement between the Hazlet Township Education Association and the Hazlet Township Board of Education, Article 12-A,:

*A Maternity leave of absence will be granted, with pay, utilizing sick days for maternity reasons for up to six weeks before the birth of a child and up to eight weeks after the birth of a child with the appropriate medical documentation. A leave of absence will be granted without pay, for maternity reasons to any regularly employed female teaching staff member upon written request for such leave and certification of pregnancy by the employee's physician.*

This means employees may utilize their sick time during the consecutive six weeks prior to the birth of their child and the consecutive six weeks after the birth; eight in the case of a c-section. Following the paid sick leave employees may then take a Family Medical Leave (without pay but with benefits) for up to 12 weeks. Finally, the employee can take a leave of absence without pay or benefits for the balance of the current school year.

**Please complete the following chart when requesting your leave:**

<b>APPROXIMATE DATE OF BIRTH</b>		
	<b>START DATE</b>	<b>END DATE</b>
<b>6 WEEKS PRIOR</b> (sick time if available)		
<b>6 (8) WEEKS AFTER</b> (sick time if available)		
<b>FAMILY MED LEAVE ACT</b> (up to 12 weeks)		
<b>LOA WITHOUT PAY OR BENEFITS</b>		

<b>ANTICIPATED RETURN DATE</b>	
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\_\_\_\_\_  
Employee's Signature

**I acknowledge that any time taken outside leave request schedule might result in a salary adjustment.**

**Attach Doctor's note indicating the approximate date of birth.**