



Lakeside Union School District REQUEST FOR CERTIFICATED MATERNITY LEAVE

Employees are entitled to use sick leave for disabilities caused or contributed to by pregnancy, childbirth, and recovery there from under the same terms and conditions governing leaves of absence from other illness or medical disability. Such leave shall not be used for child rearing, but shall be limited to those disabilities as set forth above. The length of such disability leave, including the date on which the leave shall commence and the date on which the duties are to be resumed, shall be determined by the employee and the employee's physician but shall not exceed four (4) months. Employees are entitled to leave without pay for pregnancy disability leave when sick leave and/or differential pay extended illness leave have been exhausted. The date on which the employee shall resume duties shall be determined by the employee on leave and the employee's physician.

The employee on leave for pregnancy disability shall be entitled to return to a position comparable to that held at the time the leave commenced.

Instructions: Complete one copy and forward to Immediate Supervisor.

Employee Name (Last, First, Middle)	Employee ID Number
School Site	

I hereby request Maternity Leave/Pregnancy Disability Leave. Physician note is attached to this form.

I request that my leave become effective beginning: _____

I anticipate that my leave will end on: _____

Date of last day worked: _____

Employee Signature **Date**

RETURN THIS FORM TO THE DIRECTOR OF HUMAN RESOURCES