



Lakeside Union School District REQUEST FOR CLASSIFIED MATERNITY LEAVE

Employees are entitled to use sick leave for disabilities caused or contributed to by pregnancy, miscarriage, 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 childcare, 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.

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

Employees on unpaid leave have the right to maintain their health and welfare benefits by paying the total monthly premiums.

Employees returning from pregnancy disability leave shall give a minimum of fifteen (15) days notice to the District.

Instructions: Complete one copy and forward to Immediate Supervisor.

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

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