

MONMOUTH REGIONAL HIGH SCHOOL
ONE NORMAN J FIELD WAY
TINTON FALLS NJ 07724
www.monmouthregional.net
732-542-1170 Fax 732-542-5815

MATERNITY LEAVE REQUEST FORM

This form is to be completed and submitted to your supervisor at least 30 days in advance of your leave. It is your responsibility to submit all paperwork with the leave. Please note submission of a leave request does not mean that it is automatically approved. You will receive confirmation that your leave was approved/denied.

Employee Name: _____

Today's Date: _____

Policy 4152.3:

The Board of Education recognizes that the fact of any employee's pregnancy cannot work to deprive that employee of her employment or the benefits of temporary disability. All leaves of absence requested or taken by employees for reasons associated with pregnancy and maternity shall be governed, as appropriate, by Board Policy on unpaid leaves of absence and sick leave.

In recognition, however, of the potentially disabling nature of pregnancy and the possibility of temporary disability in its termination, and in consideration of the interest of the district in continuity of instruction and the maintenance of a qualified and competent staff, the Board shall assume that a pregnant employee is disabled for work one (1) month before the anticipated date of childbirth and continues to be disabled for one (1) month after her pregnancy is terminated, except that any such employee may present medical certification as evidence to her fitness to perform her duties during the period of one (1) month before and one (1) month following the termination of pregnancy.

Leave which is strictly for maternity leave of one month before and one month after termination of pregnancy will not be counted as days of State and/or Federal Family Leave Act. Days in excess of these two months shall be counted as days towards the State and/or Federal Family Leave Act.

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Please complete the following below:

Estimated Due Date:		
Use of sick time: 30 days before (note: 30 days = calendar days, not school days)	From	To:
Use of sick time: 30 days after (note: 30 days = calendar days, not school days)	From	To:
State Paid Disability Leave = twelve weeks <i>Note: if you are a 10 month employee you cannot take this leave over the summer.</i>	From:	To:
Leave without Pay/Benefits Paid: = 12 weeks. <i>Note: during this time, you are responsible for your portion of health benefits if eligible.</i>	From:	To:
Estimated Return Date:		

Note: if you need additional time beyond 12 weeks, you need to request it at least 30 days beforehand. Additionally, sick time can only be taken if it is for yourself. A doctor's note is needed along with the request for the additional time. If you are taking unpaid leave beyond the 24 weeks, this will become a COBRA Qualifying event and you will be responsible for the entire payment of your health benefits cost.

You must work 100 days in order to move up on the guide. Unpaid days do not count.

Checklist:

_____ Doctor's Note for commencing Leave (give to school nurse)

_____ Letter to Supervisor regarding taking leave

If additional time is needed:

_____ Doctor's Note for Leave (must be for yourself) (give to school nurse)

_____ Letter to Supervisor regarding taking leave

Signature:

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I fully understand that the documentation that I am submitting is complete and accurate to the best of my knowledge. I agree if there are any changes they will be submitted within the timeframe. I understand these requests may not be approved.

Signature: _____

Date: _____

For Administration Only:

Date Submitted: _____

Board Meeting Date: _____ Approved: _____ Y _____ N

Letter Sent to Employee: _____ Date: _____