

# Pleasantville Public Schools – Maternity LEAVE Request

Employees covered by the negotiated agreement between the Pleasantville Education Association and the Pleasantville Board of Education, please refer to ARTICLE 9 – “Extended Leaves of Absence” – of the contract.

\*\*Upon completion of this form please forward to the Office of Human Resources. \*\*

**Please fill out all information accordingly and PRINT legibly.**

Employee Name: \_\_\_\_\_ Location/Department: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Position: \_\_\_\_\_ Principal/Administrator: \_\_\_\_\_

## **Dates of LEAVE:**

Date of EXPECTED delivery: \_\_\_\_\_

Date of last WORK day: \_\_\_\_\_ Doctor’s note attached:  Yes  No

It is my intention to return to work at the end of my maternity leave:  Yes  No

If YES, date of return: \_\_\_\_\_

If NO, requested date of return: \_\_\_\_\_

**(You must complete FAMILY LEAVE/CHILDREARING Request Form)**

Number of SICK days available: \_\_\_\_\_

This leave will not be approved until Human Resources is in receipt of a physician’s statement indicating:

1. Expected date of delivery
2. Last work date or period of disability prior to delivery, and
3. The doctor’s normal post-delivery recovery period.

**In order to return to work following the delivery, the employee shall furnish a physician’s certificate stating that she is medically cleared to return to work with NO restrictions.**

\_\_\_\_\_  
Employee’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal/Administrator’s Signature

\_\_\_\_\_  
Date

**Office of Human Resources will fill out information below**

Substitute Teacher Assigned: \_\_\_\_\_

Number of days with PAY (sick Leave) \_\_\_\_\_

Number of days WITHOUT PAY \_\_\_\_\_

