

PLEASANTVILLE PUBLIC SCHOOLS
900 W. LEEDS AVENUE
P.O. BOX 960
PLEASANTVILLE, NJ 08232

MATERNITY LEAVE REQUEST

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

NAME _____ SCHOOL _____

POSITION _____ PRINCIPAL _____

DATES OF LEAVE

DATE OF EXPECTED DELIVERY _____

DATE OF LAST WORK DAY _____

DOCTOR'S NOTE IS 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 _____
(MUST COMPLETE FAMILY LEAVE/CHILDREARING LEAVE REQUEST)

NUMBER OF SICK DAYS AVAILABLE _____

This leave will not be approved until this office 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 delivery, the employee shall furnish a physician's certificate stating that she is medically able to resume work or continue to perform all essential duties of her job.

Employee's Signature Date Principal's Signature Date

Office Use Only

NAME OF SUBSTITUTE TEACHER: _____

NUMBER OF DAYS WITH PAY (SICK LEAVE) _____ Mail check Will pick up

NUMBER OF DAYS WITHOUT PAY _____

**THIS FORM MUST BE COMPLETED AND FORWARDED TO THE
DIRECTOR OF HUMAN RESOURCES.**