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	PRINCIPA	AL		
DATES OF LEAVE				
DATE OF EXPECTED D	ELIVERY		_	
DATE OF LAST WORK	DAY			
DOCTOR'S NOTE IS AT	TACHEDY	/ESN	Ю	
IT IS MY INTENTION TO RETUYES		HE END OF MY	MATERNITY L	EAVE
IF YES, DATE OF RETU	RN			
IF NO, REQUESTED DA (MUST COMPLETE FA			LEAVE REQUE	ST)
NUMBER OF SICK DAY	'S AVAILABLE		_	
This leave will not be approved u	ntil this office is in re	ceipt of a physic	cian's statement	indicating:
 expected date of deliv last work date or period the doctor's normal p 	od of disability prior to			
In order to return to work follow she is medically able to resume w				
Employee's Signature	Date	Principal's	Signature	Date
	Office	Use Only		
NAME OF SUBSTITUTE TEACH	IER:			
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.