

WASHINGTON COUNTY SCHOOL DISTRICT

Maternity

Leave Approval Form 522

NAME:		WORK LOCATION / SCHOOL:	
EXPECTED DATE TO START LEAVE:	EXPECTED DELIVERY DATE:	EXPECTED RETURN TO WORK DATE:	

If you are eligible for leave, in accordance with the Family Medical Leave Act (FMLA) and District Policy 1332, your paid sick leave, unpaid leave, and any other leave used for this purpose, beginning on the first day of your absence, is designated as FMLA leave. FMLA coverage will end after twelve weeks.

PLEASE ENTER THE NUMBER OF LEAVE DAYS YOU ARE REQUESTING IN THE FOLLOWING CHART

Leave Type	Reference District Policy 1332	Limits	Requested
Unpaid FMLA	Employees who have worked for at least one year and for 1250 hours in the preceding 12 months are generally eligible to take up to 12 weeks of unpaid leave annually when the absence is necessitated by the birth of a child. For the duration of FMLA leave, the District will pay the employee's health insurance coverage under the same terms and conditions as if the employee was working. For additional information see the attachment "Your rights under FMLA" contained in District policy 1332.	12 Weeks	
Unpaid Leave of Absence	<p>If you are not qualified for FMLA leave, you may request an unpaid leave of absence. During an unpaid leave of absence you are responsible to pay for the full cost of health insurance coverage.</p> <ul style="list-style-type: none"> ● If you are requesting an unpaid leave of absence for more than 6 weeks from the date of delivery your health care provider must certify that you are unable to work as necessitated by your own personal – illness, health condition, or disability. <p>NOTE: A completed Certification of Health Care Provider must accompany requests for an extended Leave of Absence of more than 6 weeks from the date of delivery</p>	Subject to Approval	
Personal Paid Sick Leave	<p>Sick leave is limited by the employee's sick leave account balance.</p> <ul style="list-style-type: none"> ● If you are requesting to use personal paid sick leave for more than 6 weeks from the date of delivery, your health care provider must certify that you are unable to work as necessitated by your own personal – illness, health condition, or disability. <p>NOTE: A completed Certification of Health Care Provider must accompany requests for the use of personal paid sick leave of more than 6 weeks from the date of delivery</p>	Accrued Sick Leave Account Balance	
Non-Personal Paid Sick Leave	<p>You may use up to 10 days of sick leave per contract year for non-personal illness. It is important to note that use of paid sick leave for non-personal reasons is limited by the amount of sick leave available not to exceed a maximum of 10 days** per year.</p>	10 Days <small>(not to exceed sick leave account balance)</small>	
Personal or Vacation Leave	You may use your available personal or vacation leave.	Account Balance	
TOTAL Requested Leave	<ul style="list-style-type: none"> ● If you meet FMLA eligibility requirements, you are limited to no more than 12 weeks of any combination of the above leave types for the birth of a child. ● If you do not meet FMLA eligibility, you are limited to the time necessary for your personal recovery & approved non-personal sick leave (based on availability) or approved unpaid leave, not to exceed 12 weeks, for the birth of a child. 		

Employee Request Signature	Date
Administrative Approval Signature	Date

To return to work: Employee must provide a written statement from Health Care Provider that the employee is able to perform essential functions of job or return to work without restrictions.

** Within the non-personal sick leave limit is included time necessary for the death and burial of family members or relatives.