

MATERNITY LEAVE REQUEST FORM
RUSSELL COUNTY BOARD OF EDUCATION

To: Superintendent

From: _____

Date: _____

School: _____

I hereby request a maternity leave from my official duties due to pregnancy. The expected date on which I would like to begin such leave is _____

Month Day Year

The expected delivery date is _____

Month Day Year

OPTION 1:

I expect to use _____ day(s) of my accumulated sick leave and _____ day(s) of personal leave

no. days no. days

OPTION 2:

I would like to take _____ unpaid leave days.

no. days

*****NOTE: By taking unpaid leave I understand that I may be personally responsible for all, or a portion of, my monthly allocations that are deducted from my paycheck.*****

The date on which I expect to resume my regular duties is _____

Month Day Year

I have read the FMLA Policy, filed 5.11.2 located on the web site, and I am making this request being fully cognizant of its terms and conditions.

Signature _____ Date _____

Employee

Approved _____ Date _____

Superintendent