REQUEST FOR PATERNITY LEAVE OF ABSENCE

Your request must be submitted to the Superintendent no later than 120 days before the expected due date.

Name of Employee:_____ Date: _____

Expected Date of Birth _____ (attach provider certification)

_____# of personal (flex) days Dates:_____

_____# of NJFLA days/week - NJFLA provides for up to 12 weeks of leave during any 24-month period to bond with a newborn. NJFLA to care for a newborn must begin with one year of the child's birth or placement for adoption or foster care. Eligible individuals can receive weekly income benefits up to 12 weeks through Family Leave Insurance (FLI) program. Apply at myleavebenefits.nj.gov

Start Date: _____ Return Date:_____

With the exception of any personal days requested above, approved NJFLA is unpaid by the Haddon Heights School District. Health benefits during approved NJFLA will continue on the same basis as if you were actively at work, providing you agree to make your required employee contributions no later than 30 days from the scheduled payroll date. Please contact the Payroll Office to make payment arrangements prior to your unpaid leave. Failure to make timely payments may result in interruption and/or termination of benefits.

If you are a **non-tenured** teacher your absence can not extend beyond the end of the contract school year in which the leave started.

I have read and agree to the terms outlined above. You will be notified by the Board Office on your request for leave.

_____ _____

Signature Date

_____Office Use Only_____

Personal (flex): _____ Date of Birth: _____ FT/PT: _____ Tenured: Yes/No

Board Approval Date:_____ Provider Certification: _____ School: _____

11/2021