

REQUEST FOR MATERNITY LEAVE OF ABSENCE

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

Name of Employee: _____ Date: _____

Expected Date of Birth _____ (attach provider certification)

I am requesting to use the following accrued paid time available as of _____

_____ # of sick days prior to due date (max of 20 allowed) Dates: _____

_____ # of sick days after due date (max of 20 allowed) Dates: _____

_____ # of personal (flex) days Dates: _____

_____ # of FMLA days/weeks Dates: _____ FMLA provides up to 12 weeks of unpaid leave for a pregnancy related disability. Approved FMLA will run concurrently with any paid sick and/or personal days requested. A physician statement certifying you have medically recovered from the birth related disability is required prior to the start your NJFLA (see below).

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

With the exception of any sick and/or personal days requested above, all approved FMLA and/or NJFLA will be unpaid by the Haddon Heights School District. Health benefits during an approved FMLA and/or 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.

Request For Extended Leave of Absence

You may request an extended leave of absence following the expiration of your FMLA and/or NJFLA. An extended leave will be without pay or benefits, however Cobra will be offered once active coverage ends.

I am requesting an unpaid leave (maximum of one year) beginning _____ and returning to work _____.

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. Please refer to the Teachers' Contract, Article XV, Section C.

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

Entitled Sick: _____ Personal (flex): _____ Date of Birth: _____ FT/PT: _____ Tenured: Yes/No
Before/After Before/After

Board Approval Date: _____ Provider Note: _____ School: _____ 11/21