

JISD

Pregnancy and Childbirth Check-off List of Procedures



The maternity forms (Form #1 - #4) and the Request for FMLA Form in this packet must be completed and returned to Melinda Caldwell, Benefits/Insurance Coordinator, by the date designated on each form. This check-off list is provided for your convenience to help keep track of your maternity forms and dates sent.

Maternity Forms to be Returned	Date Sent
1. <i>Employee has requested and received the maternity information.</i> Please return the <u>Request for FMLA for Maternity/Adoption</u> form along with Form #1 to the Business Office.	_____
2. <i>Thirty days (30) before the employee begins her maternity leave</i> she will notify the Business Office of the date the leave is to begin. The employee will indicate the approximate length of leave she is requesting. Please return Form #2 to the Business Office.	_____
3. <i>Within fifteen (15) days after childbirth,</i> the employee will notify the Business Office of the date of birth and date she will return to work. Please return Form #3 to the Business Office.	_____
4. <i>Before the employee reports back to work,</i> she must provide the Business Office with a physician's statement indicating she is physically fit for the resumption of her duties. Please return Form #4 to the Business Office <u>prior to returning to duty.</u>	_____