CADDO PARISH SCHOOL BOARD-CERTIFIED PERSONNEL DEPARTMENT - 3/20/09
P.O. BOX 32000
SHREVEPORT, LOUISIANA 71130-2000

REQUEST FOR MATERNITY LEAVE

This request with the Certificate of Disability Form should be mailed to the Certified Personnel Department 60 days before the expected birth of your child.

SOCIAL SECURITY NUMBER_____ DATE_____

NAME_____

SCHOOL_____ IF TEACHER, WHAT GRADE AND/OR SUBJECT(S) _____

THE EXPECTED DATE OF BIRTH OF MY CHILD IS _____

I AM REQUESTING MATERNITY LEAVE TO BEGIN AT THE CLOSE OF THE SCHOOL DAY ON

_____.
Last day to Work

I EXPECT TO RETURN TO WORK ON _____

DO YOU WANT TO USE SICK LEAVE DAYS? _____ IF YES, HOW MANY DAYS DO YOU WANT TO USE? _____. **IF YOU EXHAUST YOUR CURRENT AND ACCUMULATED SICK LEAVE DURING YOUR PERIOD OF DISABILITY, DO YOU WANT TO GO ON EXTENDED SICK LEAVE? _____

**Please be reminded that you may use any or all of your sick leave during the time of disability while on maternity leave provided your physician certifies, in writing, the date to commence and terminate your sick leave. In order to be paid during your entire period of disability, you must use all of your current and accumulated sick leave days to cover you during this time. If you exhaust all of your current and accumulated sick leave days and want to go on extended sick leave during your period of disability, you will continue to get sixty-five percent of your salary. You are eligible for a maximum of 90 days of extended sick leave during a six-year period.

Note the Following Regarding Maternity Leave - (1) A Certificate of Disability Form must be completed by your physician and returned to the Certified Personnel Department before you can be paid for sick leave. (2) The sabbatical leave law mandates completion of the Certificate of Disability to determined non-interruption of consecutive service for sabbatical leave purposes. The certificate must be returned regardless of your decision to utilize sick leave days or not. (3) A statement from your physician authorizing your return to work must be submitted to the Certified Personnel Department in order for you to be reinstated to active employment and to receive your paycheck(s). (4) Completion of this maternity leave form is not mandatory. You may elect to use normal sick leave as outlined in Board Policy GCBD.

I understand the above requirements and agree to provide the documents indicated.

_____ _____
Employee's Signature Home Telephone Number

_____
Address

_____ _____
City/State/Zip Code Principal/Supervisor's Signature

DO NOT DETACH

THIS PORTION TO BE COMPLETED BY YOUR PHYSICIAN

This is to certify that the above named patient is pregnant. She will be confined by childbirth and unable to work from

_____ to _____. The expected date of the birth of her child is _____.

_____ _____
Physician's Signature Address

_____ _____
Please type or print name Telephone number

CADDO PARISH SCHOOL BORAD
CERTIFIED PERSONNEL DEPARTMENT
1961 MIDWAY STREET (P. O. BOX 32000)
SHREVEPORT, LA 71108

CERTIFICATE OF DISABILITY

CURRENT DATE _____

THIS IS TO CERTIFY THAT _____
EMPLOYEE'S NAME

SOCIAL SECURITY NUMBER _____

SCHOOL/DEPARTMENT _____

WILL BE/WAS CONFINED BY CHILDBIRTH FROM **_____
MONTH/DAY/YEAR

TO _____ **If the period of disability requested is more than 6-8 weeks, an examination by the board-selected physician may also be required prior to approval.
MONTH/DAY/YEAR

IT WILL BE/WAS MEDICALLY UNFEASIBLE FOR HER TO PERFORM NORMAL DUITES DURING THIS PERIOD.

_____
Physician's Signature

_____
Type or Print Name

_____
Address

_____
City/State/Zip Code

_____
Telephone Number

PLEASE RETURN THIS FORM TO THE CERTIFIED PERSONNEL DEPARTMENT