



**HUMAN RESOURCE SERVICES and  
LEADERSHIP DEVELOPMENT**  
1515 Hughes Way, Long Beach, CA 90810  
(562) 997-8204

September, 2007

To: All Schools and Offices  
From: Human Resource Services  
Subject: Maternity/Pregnancy Disability Leave Procedures

Attached please find maternity leave procedures and forms updated to comply with recent changes in state and federal laws. Please destroy old forms and use revised forms and procedures immediately. Employees should be provided a copy of the *Maternity/Pregnancy Disability Leave* instructions and *Notice of Rights* whenever information or forms related to maternity, paternity, adoption, family or child care leave is requested.

- (1) *Maternity/Pregnancy Disability Leave* instructions and *Notice of Rights* (white)
- (2) *Request for Absence Due to Maternity/Pregnancy Disability* form (pink)
- (3) *Return to Work from Maternity/Pregnancy Disability Leave* form (green)
- (4) *Request for Absence Due to Adoption* form (yellow)
- (5) *Request for Leave of Absence* form (white)

**Instructions for processing Maternity Leave forms:**

Maternity forms do **not** need to be forwarded to Employment Physician Services. Statutory Leave forms do **not** need to be completed.

- (A) *Request for Absence Due to Maternity* form (pink)
  1. Top portion of form is to be completed by employee.
  2. Employee then takes *Request for Absence* form to be completed by personal physician.
  3. Completed *Request for Absence* form is returned to site payroll person/secretary.
- (B) Site payroll person/secretary reports employee absence on timesheets as MAT/SICK or MAT/STAT (if sick leave is exhausted) in remarks section. Employees are limited to 100 days statutory leave per fiscal year.
- (C) *Return to Work from Maternity Leave* form (green)
  1. Employee calls site payroll person/secretary to notify birth date of baby.
  2. Employee returns completed *Return to Work* form (green) to site payroll person/secretary.

**Instructions for processing Leave of Absence form:**

After Maternity Leave, Paternity Leave or Adoption Leave employees may request Family Medical Leave/California Family Rights Leave, if eligible, or child care leave. We cannot require that family leave must immediately follow maternity, therefore, please note that the Leave of Absence form has also been **revised**. Do not use old forms.



**HUMAN RESOURCE SERVICES and  
LEADERSHIP DEVELOPMENT**  
1515 Hughes Way, Long Beach, CA 90810  
(562) 997-8204

## **MATERNITY LEAVE OF ABSENCE (Pregnancy-Related Disability Leave)**

### ***General Information***

- ◆ Maternity/pregnancy disability leave is granted for the period of time that an employee is physically unable, due to pregnancy, to perform the duties required of her position.
- ◆ For an **uncomplicated** pregnancy, the period of disability prior to the estimated date of birth is usually one month or less and is determined by the employee's physician. Recovery usually continues for up to four to six weeks (for normal delivery) or up to eight weeks (for c-section) following the birth of the child.
- ◆ In the case of a **complicated** pregnancy, the period of disability is typically more than one month prior to the estimated date of birth and/or recovery is longer than the usual six to eight weeks.
- ◆ If the employee is physically unable to return to work at the end of the six or eight week recovery period, a statement from her physician and the estimated date of return to employment is required. Also, should the employee's condition permit her to return to her regular assignment at an earlier date (i.e., prior to four weeks recovery), a statement from her physician and the estimated date of return to employment is required.

### ***Maternity Leave Coverage and Benefits***

- ◆ Earned sick leave/vacation is used to cover the period of disability. If earned sick leave/vacation does not cover the full period of disability, statutory sick leave is used at half (1/2) pay. The maximum of sick leave pay and/or statutory leave pay is for the period of disability only. District paid health benefits are provided for the duration of an approved maternity/pregnancy disability leave. You may contact your site secretary/payroll clerk for information regarding your accumulated sick leave/vacation.

### ***After Maternity Leave***

- ◆ A Family Medical Leave of Absence (FML)/California Family Rights Leave (CFRL) may be granted directly following maternity leave for eligible employees. FML/CFRL with district paid benefits, can be taken for up to 12 work weeks in a 12-month period. An employee is eligible for Family Medical Leave if she has been employed for at least 12 months and provided at least 1,250 hours of service during the 12-month period immediately preceding the commencement of the leave.

## **MATERNITY LEAVE OF ABSENCE (cont.)**

### *After Maternity Leave (cont.)*

- ◆ A child care leave of absence may be taken following maternity and/or a FML/CFRL qualifying leave for a period coterminous with either a semester, a track (year round), or a school year. A second year of child care leave may be granted upon request. **Child care leave is without pay or health benefits.** Health insurance may be maintained at the employee's expense. Information regarding cost and procedures is available from the Benefits desk in the Risk Management Office, (562) 997-8236. If applicable, please see your union agreement for additional information.

### *Summer Maternity*

- ◆ Employees on traditional calendar who expect the birth of a child during the summer recess, must file the Request for Absence Due to Maternity form indicating that their treating physician approves the employee to work to the end of the current school year. The traditional calendar (i.e., 10-month) employee is not entitled to paid leave during the summer recess unless the disability leave extends beyond the opening of school in September.
- ◆ Employees on year round school schedules are entitled to paid maternity only for on-track days.

### *Adoption Leave*

- ◆ In addition to leave available under the FML/CFRL, the District shall grant a leave of absence for the purpose of adopting a child under six (6) years of age. In the case of a special needs child, the age of the child shall not be a consideration. Adoption leave is charged to sick leave/vacation balances and statutory leave. If accumulated sick leave/vacation and statutory leave benefits are exhausted in the course of this leave, the remaining time that the employee remains off work shall be in a leave-without-pay status.
- ◆ In advance of the adoption, the employee shall notify the appropriate manager of the inclusive dates during which time the leave shall be taken. The maximum length of a paid adoption leave shall be six (6) weeks. At least three (3) weeks prior to the estimated date of return to active employment, the employee shall notify the appropriate manager. Prior to returning to work, the employee must provide legal verification of the adoption to the appropriate manager. Eligible employees may also request a leave of absence pursuant to FML/CFRL or a child care leave.

### *Paternity Leave*

- ◆ Employees may use up to seven days of available personal necessity leave for paternity leave. Such leave is charged to available sick leave.
- ◆ Eligible employees may also request a leave pursuant to FML/CFRL or child care leave. However if your spouse works for the District and requests FML/CFRL (bonding) as well, your total leave time as a couple may not exceed 12 work weeks in a 12 month period.

## MATERNITY LEAVE OF ABSENCE (cont.)

### ✓ *Steps to follow for a Maternity Leave:*

- Upon determination of pregnancy disability**, notify your site manager and obtain the *Request for Absence Due to Maternity* form (pink) and *Return to Work from Maternity Leave* form (green) from your site payroll clerk/secretary. Forms are completed by employee, and attending physician, as required, and returned to your payroll clerk/secretary.
- As soon as practical prior to delivery**, submit the *Request for Absence Due to Maternity* form (pink) to your site payroll clerk/secretary.
- As soon as practical after the birth of the baby**, notify your payroll clerk of the date of birth. At that time, your estimated return to work date can be determined. If you are planning to request family medical leave or an unpaid child care leave, that start date can be estimated as well.
- Your baby must be added to your health insurance contract within 30 days of the date of birth.** This coverage is not automatic. Contact Ceridian Benefits Service Center at 866-844-9744 to request an application.
- At the time of the return to work appointment** with your personal attending physician, *Return to Work from Maternity Leave* form (green) should be completed and signed by the physician.
- If you are planning to return to work immediately following maternity leave** the *Return to Work from Maternity Leave* form, (green), must be submitted to your site payroll clerk/secretary at least one week prior to your return.
- If you are planning to request FML/CFRL or child care leave**, complete the *Return to Work from Maternity Leave* form and *Request for Leave of Absence* form indicating the dates of leave and submit the form to your site. You will continue to receive District-paid fringe benefits while you are on FML/CFRL-qualifying leave. District-paid benefits are discontinued if you are on child care leave, but may be continued at your own expense. Contact the Risk Management Office, Benefits desk, (562) 997-8236, regarding cost and procedure for payment of benefits.
- While on child care leave** you must notify Human Resource Services by March 1<sup>st</sup> of your intent to return the following school year, or request a second year of child care leave.



**HUMAN RESOURCE SERVICES and LEADERSHIP DEVELOPMENT**  
1515 Hughes Way, Long Beach, CA 90810  
(562) 997-8204

**REQUEST FOR ABSENCE DUE TO MATERNITY  
(Pregnancy-Related Disability Leave)**

**Instructions: All employees requesting absence due to maternity/pregnancy-related disability must submit this completed form (Sections I, II and III) to their payroll clerk/secretary.**

**I. EMPLOYEE**

_____	_____	_____
Last Name	First Name	MI
_____	_____	_____
School/Site	Track Job Title	Grade/Subject Taught
_____	_____	_____
Home Address	City	Zip Code Phone No.

**II. ATTENDING PHYSICIAN'S STATEMENT – Certification for Paid Sick Leave**

**Note to Physician:** This form is to verify when the employee will first be unable to work due to a pregnancy-related disability.

It is my opinion that this patient is not able to continue working beginning on:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_. The estimated date of delivery is: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.  
(month) (day) (year) (month) (day) (year)

_____	_____	_____
Signature of Physician	Name of Physician (please print or type)	Date
_____	_____	_____
Address (Number and Street)	City	State/Zip Code Phone No.

**III. EMPLOYEE'S STATEMENT**

This form has been signed by my physician. I have read the information regarding *Maternity Leave of Absence* and *Notice of Rights and Obligations*. I understand the period of time it is necessary for me to be absent from my regular duties due to pregnancy-related disability will be charged to my sick leave/vacation/statutory leave balance. I further understand that if I exhaust my accumulated leave balance in the course of this leave, the remaining time will be in leave-without-pay status.

\_\_\_\_\_  
Signature of Employee Date

Request for Absence Due to Maternity (Pregnancy-Related Disability)