

East Side Union High School District

Request for Maternity Leave

Steps to Follow

- 1. Complete and submit this form with a doctor's note to Human Resources**
- 2. Notify principal**
- 3. Notify Sub Service of leave**

1. Name: _____
2. School:
3. Requested Beginning Date of Leave: _____
4. Returning Date: _____

Please attach certification from your physician that, in his/her opinion, your health condition is such that you would not be able to perform your normal teaching duties without restriction for the dates specified. These dates could be adjusted at a later date by your doctor.

Please refer to Articles 6.5 and 6.6 of the Collective Bargaining Agreement that govern maternity leave requests. Article 6.6 of the Agreement addresses unpaid leave (time not covered by a doctor's note).

(Date)

(Signature)

- **You must use your sick leave to cover your maternity leave.**