

PARAMUS PUBLIC SCHOOLS
Paramus, New Jersey

REQUEST FOR MATERNITY LEAVE OF ABSENCE

Congratulations on your happy news!

In order to facilitate your request for maternity leave, please complete this form and submit it to the Office of Human Resources as soon as possible.

(Please print or complete on the computer.)

Name: _____ School/Location: _____

Position: _____ Date Submitted: _____

➤ **Anticipated Date of Delivery (per doctor’s note – please attach):** _____

Part 1) MEDICAL LEAVE (if applicable):

Medical Leave may be paid or unpaid, depending upon accrued sick days (personal and vacation days may also be used if applicable) – With Health Insurance Benefits (staff member continues to pay her Employee Benefit Contribution). Medical Leave will only apply during the staff member’s work year.

➤ Medical Leave Start Date (up to 20 **workdays** before delivery date): _____

➤ Medical Leave End Date (up to 20 **workdays** after, including delivery date): _____

If delivery is Caesarian (up to 30 **workdays** after, including delivery date): _____

Part 2) FAMILY MEDICAL LEAVE ACT – FMLA (if applicable):

*FMLA is unpaid leave that may be utilized for a maximum of 12 **calendar** weeks during your work year – With Health Insurance Benefits (staff member continues to pay her Employee Benefit Contribution).*

Staff members are eligible to take FMLA leave if they have worked for the Paramus Public Schools for at least 12 months (cumulative) and have worked for at least 1,250 hours over the previous 12 months.

➤ FMLA Start Date: _____

➤ FMLA End Date: _____

Part 3) UNPAID LEAVE (if applicable):

Unpaid Leave (including Child Rearing Leave) – No Health Insurance Benefits; however, if staff member already has benefits, she may elect COBRA coverage.

➤ Unpaid Leave Start Date: _____

➤ Unpaid Leave End Date: _____

➤ **Anticipated Return-to-Work Date:** _____

Staff Member’s Signature & Date

Signature of Principal/Supervisor & Date

Human Resources will submit a copy of this request form to the Superintendent.

BELOW FOR HUMAN RESOURCES USE ONLY

FMLA Information Sent: _____

NOTES: