



Maternity Leave Request Form

Instructions – Please fill out this form completely using blue or black ink. Failure to fill out this form completely and accurately could result in a delay in processing of the request.

Name: Emily Bortell

Date Request Submitted: January 27, 2026

School/ Building: Primary

I hereby request a maternity leave from my official duties due to the impending birth of my child under the conditions listed below:

The Date I request to begin my leave is: August 12, 2026 ?

My expected delivery date is: July 13, 2026

The date on which I plan to resume my duties is: Oct 13, 2026 ?

Please select one option:

- I plan to return to work after my maternity leave
- I do not plan to return to work after my maternity leave
- Undecided

I expect to use 542 day(s) of my accumulated sick leave*, 0 day(s) of personal leave, and/or 0 day(s) of dock days. Returning Oct 13

You must have a signed notice from your doctor confirming your pregnancy to turn in with this form. You will also need a signed notice from your doctor stating that you are capable of performing your job duties with no restrictions before returning to work.

If you plan to add the child(ren) to your insurance plan(s), you will have 30 days from the birth of the child(ren) to fill out and turn in the appropriate paperwork. Please contact the Superintendent's Administrative Assistant for more information regarding insurance questions or changes.

**A signed statement from the attending physician certifying that an employee is no longer able to perform her duties when accrued sick leave days are to be used as part of maternity leave.*

Employee Signature

Emily Bortell

Date: 1-27-25

Superintendent Signature

John

Date: 2/10/26

To be Filled Out by Office:

Substitute Covering Leave: _____

Leave Start Date: _____

Leave End Date: _____

Adding baby to insurance? _____

Paperwork filled out and turned in date: _____

Attached Pregnancy Note? _____

Attached Return to Work Note? _____