



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: Abby Forsythe Date Request Submitted: 5/1/25

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: 08/19/25

My expected delivery date is: 06/19/25

The date on which I plan to resume my duties is: 09/29/25

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 28 day(s) of my accumulated sick leave*, 0 day(s) of personal leave, and/or 0 day(s) of dock days.

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 Abby Forsythe Date: 5/1/25

Superintendent Signature _____ Date: _____

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? ✓ yes

Attached Return to Work Note? _____