

REQUEST FOR MATERNITY LEAVE

DATE OF REQUEST: _____ CHECK ONE: MATERNITY LEAVE/USING LEAVE

MATERNITY LEAVE/STRAIGHT MA

NAME: _____ EMP #: _____ CLASS: _____

JURISDICTION: _____ DEPARTMENT: _____

LEAVE START DATE: _____ LEAVE END DATE: _____

1.) I have included a Doctor's Excuse for the period.

I request the use of:

Vacation Leave _____ hours (optional)

Sick Pay _____ hours (optional)

Comp Time _____ hours (optional).

When this paid time is exhausted, Unpaid Maternity Leave will be charged for the remaining time, not to exceed three months after the birth of the baby, unless the doctor states additional time is necessary with an updated Doctor's Excuse.

2.) I authorize the release of pertinent information that may be necessary to process this request.

Signature must be in the presence of a Department Head, Human Resources, Appointing Authority or Payroll Clerk. If employee is unable to sign, Department Head, Human Resources, Appointing Authority or Payroll Clerk may document same in employee signature line.

EMPLOYEE SIGNATURE: _____ DATE: _____

APPROVED BY:

Signature of Department Head

Date

Signature of Appointing Authority
or Human Resources

Date

MCPB APPROVAL:

Director/Assistant Director

Date

Remarks:

Human Resources Rec. _____ Comp. _____