

**MATERNITY LEAVE REQUEST FORM**

To: Mr. David Raleigh, Superintendent

From: [Enter Name Here]

School: [Enter School Here]

I hereby request maternity leave from my official duties due to pregnancy/adoption.

I understand my sick days will be used for the leave. If all sick/personal days are exalted, leave without pay will begin.

I also understand I will have a total of 30 days from the date of delivery for maternity leave, unless stated otherwise by a physician.

I have spoken with my supervisor to make them aware of the days I will be on leave.

Date of expected delivery: [Enter Date Here]

Date leave to begin (estimated): [Enter Date Here]

Date of return to duties (estimated): [Enter Date Here]

Employee: [Name Here] Date: [Enter Date Here]

Superintendent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Maternity Leave Policy can be found on LaRue County Schools website, Departments, Human Resources.

All FMLA forms are to be completed and returned to Beverly Sullivan, beverly.sullivan@larue.kyschools.us.

If you have any questions, please contact Beverly.