

MATERNITY LEAVE NOTIFICATION PROCEDURES

When an employee in on maternity leave, the following procedures have to be followed:

1. Employee **must** request from Personnel the form "Leave Due to Pregnancy". The physician completes it and the employee returns it to Personnel. This form that notifies Personnel of the date to stop work, and approximate delivery date.
2. After the employee is released by the physician, the employee must present to Personnel the written release authorizing return to work.
3. In the event that the employee chooses not to return to work and decides to stay home and take an unpaid leave of absence, the following must occur:
 - a. Provide Personnel with a release to work from physician
 - b. Provide Personnel with a written request for an unpaid leave, which may be:
 - (1) unpaid child-rearing leave (employee writes a letter)
 - (2) unpaid Family Care Leave (employee requests form from Personnel). This leave provides an eligible employee with 12 weeks of paid medical benefits. If the employee wishes to continue medical benefits once the 12 weeks of Family Care Leave have been exhausted, the employee must submit payment of premium to the Payroll Department one month prior to coverage month. *Family Care Leave must be requested at least four (4) weeks before the proposed commencement of the leave.*

From the date the physician determines an employee must stop work until the day the employee is released back to work, the employee will be on sick leave. Maternity leave is deducted from sick leave. Employees are encouraged to check their sick leave balance prior to the start of the maternity leave.

If the employee runs out of sick leave during their "maternity leave," the employee will be placed on differential pay, which is the difference between the substitute pay and the employee's salary.

July 5, 2000

(scroll down for form)

MEMO

TO: NEW HAVEN UNIFIED SCHOOL DISTRICT

FROM: Physician or Certified Medical Advisor

SUBJECT: Leave Due to Pregnancy

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NAME _____ **SSN** _____

SCHOOL _____ **ASSIGNMENT** _____

I certify that the above named person is under my care for pregnancy and that her last day of work is to be _____

Estimated date of delivery is _____

It is anticipated that she may return to work as of _____

Signature of Physician

Name of Physician (please print)

License Number