

MATERNITY LEAVE REQUEST FORM

MARION COUNTY BOARD OF EDUCATION

Hamilton, Alabama

To: Superintendent

From: _____

Subject: Maternity Leave

Date: _____

School: _____

I hereby request a maternity leave from my official duties due to pregnancy. The expected date on which I would like to begin such leave is _____.
month day year

The expected delivery date is _____.
month day year

I expect to use _____ day(s) of my accumulated sick
no. days
leave and _____ day(s) of personal leave.
no. days

The date on which I expect to resume my regular duties is: _____.
month day year

I have read the Maternity leave policy, filed GALBE, and I am making this request being fully cognizant of its terms and conditions.

Signature: _____ Date: _____
employee

Approved: _____ Date: _____
Superintendent