Childbearing/Child Rearing

This request must be submitted to the Human Resources Department and your building principal or immediate supervisor at least two (2) months before the anticipated date the leave is to begin. (In the case of adoption, notice should be provided as soon as practicable.)

Employee Name	
Building/Department	
Principal/Supervisor Name	

CHILD BEARING LEAVE

This leave is available for the period of time when the employee is certified by a physician to be temporarily incapacitated due to pregnancy (or complications of pregnancy) and is consequently unable to perform the duties of his/her position.

I request child-bearing leave in accordance with provisions of the applicable collective bargaining agreement or Board of Education policies.	
Requested Beginning Date of Childbearing Leave	
Anticipated End of Childbearing Leave	

Typically, doctors certify six (6) weeks of medical incapacity in the case of natural birth delivery and eight (8) weeks in the case of cesarean delivery. This may be extended in cases of pre- or post-delivery complications.

- I understand that if I am eligible, the District will consider any unpaid leave rights I may have under the provisions of the Family and Medical Leave Act (FMLA) to run simultaneously with those provided under the provisions of Childbearing Leave. For information on your rights under FMLA, refer to the District Employee Handbook or visit www.dol.gov/agencies/whd/fmla.
- I will submit a "Commencement of Absence Due to Illness or Injury Medical Certification" form to the Human Resources Department within 5 business days of the beginning date of medical incapacity.
- I will submit a "Certificate of Medical Status" form to the Human Resources Department a minimum of two working days in advance of returning to work, to determine whether work restrictions, if any, can be temporarily accommodated.

CHILD REARING LEAVE

This leave is available for the purpose of caring for a newborn infant for whom the employee has legal responsibility. Such leave is to be subsequent to the birth of the employee's child, or in the case of adoption when the child is physically handed over to the employee to provide care and support as the legal parent.

I request child rearing leave in accordance with provisions of the applicable collective bargaining agreement or Board of Education policies.	
Requested Beginning Date of Child Rearing Leave	
Anticipated End of Child Rearing Leave	

- I understand that if I am eligible, the District will consider this unpaid leave to run simultaneously with that provided under the provisions of the Family and Medical Leave Act (FMLA), such leave being unpaid. For information on your rights under FMLA, refer to the District Employee Handbook or visit www.dol.gov/agencies/whd/fmla.
- I understand that this leave is unpaid.
- I understand that the duration of this leave is at the discretion of the District once my FMLA rights, if any, have been met.

Note: Employees may also be entitled to reasonable accommodations under the Pregnant Workers Fairness Act (PWFA). Contact Human Resources for more information.

Employee Signature	
Date	
Director of Human Resources	
Date	
Chief Financial Officer	
Date	
Approved: _____ Not Approved: _____	