MCS 11

REQUEST FOR MATERNITY LEAVE

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

☐ **MATERNITY LEAVE/STRAIGHT MA**

NAME: _____ EMP #: _____ CLASS: _____

JURISDICTION: _____

LEAVE START DATE: _____ LEAVE END DATE: _____

☐ 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.

EMPLOYEE SIGNATURE: _____ DATE: _____

APPROVED BY: _____ _____

Signature of Appointing Authority or Human Resources — Date

MCS APPROVAL:

_____ _____

Civil Service Director or Designee — Date

Remarks:

Human Resources Rec. _____ Comp. _____