

# REQUEST FOR MATERNITY LEAVE

DATE OF REQUEST: \_\_\_\_\_ CHECK ONE:  MATERNITY LEAVE/USING LEAVE

MATERNITY LEAVE/STRAIGHT MA

NAME: \_\_\_\_\_ EMP #: \_\_\_\_\_ CLASS: \_\_\_\_\_

JURISDICTION: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

LEAVE START DATE: \_\_\_\_\_ LEAVE END DATE: \_\_\_\_\_

1.) I have included a Doctor's Excuse for the period.

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 with an updated Doctor's Excuse.

2.) I authorize the release of pertinent information that may be necessary to process this request.

Signature must be in the presence of a Department Head, Human Resources, Appointing Authority or Payroll Clerk. If employee is unable to sign, Department Head, Human Resources, Appointing Authority or Payroll Clerk may document same in employee signature line.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY:

\_\_\_\_\_  
Signature of Department Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Appointing Authority  
or Human Resources

\_\_\_\_\_  
Date

MCPB APPROVAL:

\_\_\_\_\_  
Director/Assistant Director

\_\_\_\_\_  
Date

Remarks:

Human Resources Rec. \_\_\_\_\_ Comp. \_\_\_\_\_