

INSTRUCTIONS FOR REQUESTING MATERNITY CHILD REARING LEAVE OF ABSENCE

There are three (3) phases to this procedure: (see sample letter)

1. Disability Leave (use of accumulated sick time - paid by the district)

The employee must provide a written statement from her physician verifying the exact dates of the disability (i.e. person is disabled from October 1, 2012 to December 1, 2012) The employee uses accumulated sick leave and will receive full compensation for all available days so used as long as medical documentation exists.

The pivotal point to use in determining the commencement date and termination date for this leave is the “due date of birth.”

The total period of disability is determined by the employee and her physician in which case the commencement and termination dates may, due to physical causes, provide for a greater period of time both before and after the birth. However, the “normal” time frame for disability is four to six (4-6) weeks prior to the birth and four to six (4-6) weeks after the birth.

2. Family Medical Leave of Absence

This leave period entitles employee who are enrolled in the district health benefits program to experience a continuation of such benefits during an unpaid twelve week period. Additional criteria must be met and are housed in a document on the Moodle page. Employees must continue to contribute their designated contribution toward the health benefit costs as outlined by the State.

3. Unpaid Childrearing Leave of Absence

This leave takes place immediately after the termination of the disability portion of the leave of absence and the FMLA period (if applicable) and is a period of time wherein the employee wishes to remain on leave. In this case, the employee does not receive compensation or Board paid health benefits for such absence.

This portion of the total leave may continue for the full term stipulated in the Contract or may be for such lesser period of time providing that the employee’s request to return to her post does not interrupt the educational program. Generally, this has been determined to be periods within the academic year which establish “normal” breaks for pupil attendance, i.e., end of quarter/non-interruptive return periods.

4 Return to the District

An employee who takes paid leave only must provide a written statement from their physician verifying physical capability to return to her post. For all employees on leave, proper notification of intent to return should be forwarded to the Director of Human Resources, Principal, and Supervisor sixty (60) calendar days prior to the effective return date if the leave extends beyond one school year.

SAMPLE LETTER TO REQUEST MATERNITY CHILD REARING LEAVE

The following letter should be accompanied by the physician's statement verifying pregnancy and establishing the expected due date of birth.

This letter should be sent to:

- | | |
|---------------------------------|---------------|
| 1. Director for Human Resources | - Original |
| 2. Principal | - Copy |
| 3. Supervisor (if applicable) | - Copy |
| 4. Employee | - Retain Copy |

The date of forwarding the letter should be **no later than sixty (60) days prior** to the commencement of the disability leave (if requested) or sixty (60) days prior to the anticipated commencement of the maternity child rearing leave when no disability leave is requested.

SAMPLE

(date)

Ms. Danielle Ruggiero
Director of Human Resources
East Brunswick Public Schools
760 Route 18
East Brunswick, NJ 08816

Dear Ms. Ruggiero:

Enclosed is a statement from my physician verifying pregnancy and stating the approximate due date of birth and period of disability.

I am requesting a Disability Leave of Absence to commence on or about _____. I intend to use _____ days of my accumulated sick days that will establish the date of _____ as terminating my disability leave of absence, in accordance with my physician's certification. I am a _____ teacher (please specify grade & subject) at _____ school.

(If Applicable) From the period of _____ to _____ I wish to invoke my rights for paid health benefits under the Family Leave Act.

Commencing on or about _____ I wish to be placed on a Maternity Child Rearing Leave of Absence. Barring any unforeseen circumstances, it is my intention to return to my position on _____.

Proper notification verifying intent to return will be provided.

May I please receive written notification from the Board of Education granting this leave.

Sincerely,
Enclosure (Physician's statement)

C: Principal
Supervisor