

INSTRUCTIONS FOR REQUESTING MATERNITY CHILD REARING LEAVE OF ABSENCE

Maternity Leave & Child Rearing Leave of Absence

There are several options for staff members who are expecting a child. Staff members are encouraged to meet with the Director of Human Resources for information.

If requesting Disability Leave (use of accumulated sick time - paid leave), the employee must provide a written statement from a 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 used based on physician's certification. The total period of disability, with includes before and after the birth of the child, is determined by a physician and varies based on individual needs. The period after the birth normally extends six to eight (6-8) weeks.

FMLA

State and Federal Family Medical Leave periods entitle employees to unpaid, job-protected leave for specified family and medical reasons with continuation of medical benefits for up to a twelve-week period or intermittently, if eligible. Additional weeks may be provided to care for a covered service member with a serious illness or injury (military caregiver leave). Specific criteria must be met to take a leave under the FMLA and information is housed in a document on the District Moodle page. Employees must continue to contribute their designated contribution toward the health benefit costs as outlined by law. FMLA for the birth of a child runs concurrently with Unpaid Childrearing Leave.

Childrearing Leave

This leave takes place immediately after the termination of the disability portion of the leave of absence and runs concurrently with FMLA. In this case, the employee does not receive compensation or Board paid health benefits beyond the FMLA period. This portion of the total leave may continue for the full term stipulated in the respective employee collective bargaining agreement or a lesser period of time providing that the employee's request to return to their position does not interrupt the educational program as determined by the Director of Human Resources. 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.

Return to the District

Employees returning directly from paid medical leave for any purpose must provide a written statement from their physician verifying physical capability to return to their position. 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.

A letter of request for leave should be sent to the Director of Human Resources with a copy to the building administrator. The physician's statement verifying pregnancy and establishing the should accompany the letter to Human Resources. The letter should arrive in Human Resources **no later than sixty (60) days prior** to the commencement of the leave.

SAMPLE LETTER TO REQUEST MATERNITY CHILD REARING LEAVE

A letter of request for leave should be sent to the Director of Human Resources with a copy to the building administrator. The physician's statement verifying pregnancy and establishing the should accompany the letter to Human Resources. The letter should arrive in Human Resources **no later than sixty (60) days prior** to the commencement of the leave.

SAMPLE LETTER:

_____ (date, at least 60 days prior to leave)

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

Dear Ms. Ruggiero:

I am requesting a Disability Leave of Absence to commence on or about _____ (date). I intend to use _____ (# of days) 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.

From the period of _____ (date) to _____ (date) I wish to take an unpaid Child Rearing Leave. I plan to return on _____ (date).

*(*For those who are enrolled in Board provided medical coverage who would like to maintain that coverage for up to the period permitted by law and are eligible under FMLA.)*

*I wish to invoke my rights to maintain Board-provided medical benefits under the Family Medical Leave Act from _____ (date) to _____ (date) while taking unpaid Childrearing Leave.

Proper notification verifying intent to return will be provided.

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

Sincerely,

*optional, not required

cc. Principal
Supervisor

Employees who are approved for leave will receive a letter confirming the dates of leave and leave types, following the Board of Education meeting at which the leave is approved. Employees wishing to extend their leave beyond the approved period must provide sixty (60) days notice.

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