

WAYNE TOWNSHIP PUBLIC SCHOOLS
PHYSICIAN'S STATEMENT/LEAVE REQUEST
(PREGNANCY)

PART I
PHYSICIAN'S CERTIFICATION OF ANTICIPATED DELIVERY DATE

TO: Physician of _____
(Name of Employee)

The above named is an employee of the Wayne Township Public Schools and is anticipating an absence from work due to pregnancy disability/childbirth convalescence and is entitled to certain health benefits from the district during her absence.

In order to properly administer the public funds of the school district and to provide all of the benefits to the employee to which she is legally entitled, it is necessary that the employee submit this certification.

Please complete **PART I** of the form and return it to the employee.

I hereby certify that an examination of the person named above was administered by me. Her anticipated delivery date is _____.

Medical Examiner's **SIGNATURE**

Date

License or Narcotic No.

Print **NAME**

Print **ADDRESS**

Telephone

please turn over (Part II)

PART II
EMPLOYEE'S REQUEST FOR LEAVE

NAME _____

Address _____ Telephone # _____

Present Assignment _____ School _____

Number of accumulated sick leave days _____ as of _____

I wish to begin use of my accumulated sick leave on _____.

I want my accumulated sick leave to end (or) I plan to return to work on _____.
(date)

I anticipate I do not have sufficient accumulated sick leave to cover the number of days it will be necessary for me to be absent from my position, therefore, it is my desire to:

(CHECK SPACE(S) THAT APPLY)

_____ Request a leave without pay from the Board of Education, encompassing the dates from _____ to _____.

_____ Request my medical insurance continue at District expense under the "Family Leave Act" during any leave without pay.

_____ Request the 12 weeks of benefit coverage I am entitled to under the Family Leave Act be taken at a later time. (Must be taken within 24 months)

These dates are from _____ to _____.

It is generally the district's practice to grant the use of twenty (20) sick days prior to the anticipated delivery date and the use of twenty (20) sick days following the anticipated delivery (30 days if a cesarean). The employee must notify HR if the actual delivery date is different from the anticipated delivery date.

Employee Signature

Date

Supervisor Signature

Date

Director of Human Resources

Date