



CLINTON TOWNSHIP BOARD OF EDUCATION

REQUEST FOR LEAVE OF ABSENCE FOR DISABILITY, MATERNITY OR CHILD CARE

Must be made to the Superintendent at least ninety (90) days prior to the effective date of leave, except in the case of serious personal illness.

_____ **DISABILITY/MATERNITY** and/or _____ **CHILD REARING/ADOPTION**

Employee Name: _____ School: _____

DISABILITY/MATERNITY (with use of available sick days and pay):

Date leave begins: _____ (mm/dd/yyyy) Date leave ends: _____ (mm/dd/yyyy)

In the case of a maternity related leave, the employee may be considered disabled from one month prior to the expected delivery date until one month post-delivery date. This leave entitles an employee to use up to 20 paid sick days in each of these thirty-day periods. *Please note that in order to be paid, the employee must have the sick days available to use.* (If an employee has a need, an extended disability leave may be granted based upon a physician's certification.)

UNLESS YOU NOTIFY US OTHERWISE...
If sick days are available, you will be paid, and your sick day bank will be charged.

The Board of Education reserves the right to request a physician's certification verifying the employee's absence and ability to return to work.

CHILD REARING/ADOPTION (without pay):

Initial Leave:

Date leave begins: _____ (mm/dd/yyyy) Date leave ends: _____ (mm/dd/yyyy)
Cannot be later than 6/30

Extension of Leave: (Full school year)

For tenured employees only. Request must be filed by April 1 of the preceding school year

Date leave begins: _____ (mm/dd/yyyy) Date leave ends: _____ (mm/dd/yyyy)
Cannot be later than 6/30

I hereby request a leave of absence as indicated above in accordance with Article XII of the Negotiated Agreement between the Clinton Township Board of Education and Education Association.

Employee Signature: _____ Date _____

Approved:

Superintendent's Signature _____ Date _____

For Business Office Use Only	BOE approval	Human Resources	Payroll
Initial and Date			