

**CLINTON TOWNSHIP BOARD OF EDUCATION
REQUEST FOR LEAVE OF ABSENCE FOR DISABILITY, MATERNITY OR
CHILDCARE**

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			