

DIOCESE OF ALLENTOWN - OFFICE OF EDUCATION

REQUEST FOR MATERNITY LEAVE (Policy 4152)

The teacher should complete and submit this form in duplicate to the Principal, or in the absence of the Principal, the Pastor, at least (thirty) 30 days prior to the commencement of the leave. The Principal, or in his/her absence, the Pastor, should retain one copy and forward the original copy to the Office of Education.

I hereby request Maternity Leave to commence on _____(date)

Maternity Leave - A teacher on Maternity Leave must return to her employment when her physician indicates that she is physically able to return or after exhausting the twelve (12) weeks of job protected Family & Medical Leave Act (FMLA).

I understand that I must give the Principal written notice of my intention to resume employment not later than 30 days prior to the date when I must return to work according to the terms of the leave described above.

I understand that, while on Maternity Leave, I am not eligible to receive any salary or fringe benefits except as follows:

- Pension rights will be retained;
- Salary for unused sick days will be given during the period of the leave to the extent of the number of accumulated sick days;
- Health care insurance will be continued for up to six (6) months after the exhaustion of the sick days and/or Family & Medical Leave Act (FMLA), provided the teacher reimburses the school for the monthly premium (100%).

I further realize that I am guaranteed a position in the school I took leave of as long as the position is not eliminated at the school and I return to work as required by the Maternity Leave Policy.

Printed Name: _____ Signature: _____

Date of Signature: _____

Name of School: _____

Teacher's Home Mailing Address: _____

Date Child was born: _____

Distribution: Original: Office of Education- Copies: Teacher, School Personnel File, Human Resources

Revised 07/2019