

TEHAMA COUNTY DEPARTMENT OF EDUCATION
MATERNITY LEAVE REQUEST FORM

Congratulations on your pregnancy! The purpose of this information is to advise you about procedures regarding maternity and child care leave.

All pregnant employees are allowed up to 4 months or 88 days of Pregnancy Disability Leave. This is unpaid leave that is available for disabilities due to pregnancy or the birth of your baby. You may also be eligible for Family Medical Leave (FMLA) or California Family Rights (CFRA) Leave, if you have been employed by Tehama County Department of Education for at least one (1) year. FMLA is leave that runs concurrently with Pregnancy Disability Leave and sick leave, with your health insurance benefits being maintained by the Department at the current level. Of course, you will pay the employee's portion of the payment as you do now. CFRA leave provides up to 12 week of child bonding leave after the disability period during which you can use sick leave until exhausted and then receive differential pay. Please contact the Human Resources office for information regarding these leaves and your eligibility.

Your leave status usually begins with a doctor's statement that you are no longer able to perform the essential functions of your job while pregnant and/or after the delivery of the baby. Normally, the doctor will provide for six – eight (6 weeks for vaginal birth, 8 weeks for cesarean) following the birth of a child. Please bring all doctors' statements to the Human Resources office as soon as possible. You will use your sick leave, and when that is exhausted, you will be given difference pay for the remainder of the leave. Difference pay is either calculated by subtracting the substitute's pay from your normal pay for certificated staff or 50% of your normal pay for each day of leave for classified staff, depending on which employee group with which you are associated.

Once all available leaves are exhausted, you may request up to six (6) months of additional unpaid leave from the superintendent as described in your employees' contract or Tehama County Department of Education policy. Address your written request to the superintendent and send it to Human Resource Services.

Please do not hesitate to call Human Resource Services for information or assistance, and above all, best wishes to you during your pregnancy.

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For planning purposes, please provide us with the following information:

Employee Name: _____

Department: _____ Supervisor: _____

Expected Due Date: _____

Expected plans regarding leaving and returning to work: _____

Additional leave you are planning to take beyond the normal 6 – 8 weeks medical leave: _____
