

**Central Community School System  
Application for Maternity Leave**

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

School/Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Estimated Due Date: \_\_\_\_\_ Estimated Return Date: \_\_\_\_\_

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**\*\*It is the employee's responsibility to provide a physician's statement before the leave can be approved.\*\***

\_\_\_\_\_ I wish to request approval of Sick Leave. I understand that I will use accumulated sick days to cover the estimated time period absent. Sick leave cannot exceed 6 weeks for normal delivery or 8 weeks for caesarian delivery except when substantiated by medical documentation.

\_\_\_\_\_ I wish to request approval of Extended Sick Leave. I understand that I must exhaust all of my accumulated sick leave first. I understand that I will receive 65% of my pay when Extended Sick Leave begins.

\_\_\_\_\_ I wish to request approval of Leave Without Pay/Family and Medical Leave (FMLA). I understand that I am responsible for payment of any benefit premiums I may have through the Central Community School System while on a Leave Without Pay. *Employee must qualify according to all requirements of the Family and Medical Leave Act.*

Any eligible employee is entitled to a maximum of twelve (12) work weeks of leave during any twelve (12) month period. The purpose of FMLA is to care for the employee's newborn child after birth, to care for a child after placement of the child with employee for adoption or foster care, to care for an employee's spouse, son, daughter, or parent if such relative has a serious health condition, or for a serious health condition that makes the employee unable to perform the functions of his/her job.

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**\*\*It is the employee's responsibility to notify the Central Office of baby's actual birth date.\*\***

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This form must be submitted at least 60 days prior to estimated delivery date.**

**PLEASE RETURN COMPLETED FORMS TO:  
CENTRAL COMMUNITY SCHOOL SYSTEM  
POST OFFICE BOX 78094  
CENTRAL, LA 70837**