SPENCER COUNTY PUBLIC SCHOOLS
Board of Education Agenda Item

Item # _____   **Meeting Date** **August 25, 2014**

Topic/Title   **Maternity Leave Request**

Presenter _____

Origin

_____ Topic presented for information only *(no board action required)*.

__X__ Action requested at this meeting.

_____ Item is on the consent agenda for approval.

_____ Action requested at future meeting, _____ (date).

_____ Board review required by –

    _____ State or federal law or regulation

    _____ Board of Education policy

    _____ Other _____

Previous Review, Discussion or Action

_____ No previous Board review, discussion or action

_____ Previous review or action

    Date _____

    Action _____

    _____

Background/Summary of Information

Maternity leave request for Jamie Langley.

Impact on Resources (REQUIRES FINANCE OFFICER'S INITIALS OF REVIEW)

_____ **Finance Officer**

Timetable for Further Review or Action

SUPERINTENDENT'S RECOMMENDATION

Recommend based on -

Policy 03.1233 – Certified Personnel – Maternity Leave

Paid Sick Leave - An employee may use up to thirty (30) days of sick leave immediately following the birth or adoption of a child or children. Additional sick leave days may be used when the need is verified by a physician's statement.

Unpaid Maternity Leave - On written request, the parent of a newborn or the employee who adopts a child or children shall be granted unpaid leave of absence not to exceed the remainder of the school year. Thereafter, leave may be extended in increments of one (1) year.

Maternity/Adoption/Childrearing Leave Request

> **THIS AFFIDAVIT IS ESSENTIAL FOR PAYROLL PURPOSES. PLEASE COMPLETE THE FORM WITH CARE AND RETURN IT AS DIRECTED BY THE PRINCIPAL/DESIGNEE.**

MATERNITY/ADOPTION/CHILDREARING LEAVE: GRANTED UNDER THE TERMS OF POLICY 03.1233.
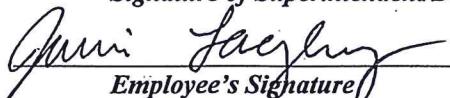
Estimated dates of leave: _September 4_ to _October 16_

Check one:
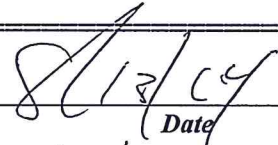
☐ Paid maternity leave. Number of sick leave days _____

☑ Unpaid maternity leave

☐ Paid birth or adoption leave, not to exceed thirty (30) days. Number of sick leave days: ____

☐ Unpaid childrearing leave

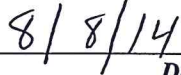_____   _8/13/14_
Signature of Superintendent/Designee   Date

_____   _8/8/14_
Employee's Signature   Date

Review/Revised:5/18/1998