

SPENCER COUNTY PUBLIC SCHOOLS
Board of Education Agenda Item

Item # _____ Meeting Date December 13, 2012

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 Elizabeth Bramer.

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 03.2233 – Classified 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.

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: 1-16-13 to Fed. 28-13

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



Signature of Superintendent/Designee

12/13/12

Date



Employee's Signature

12-13-12

Date

Review/Revised:5/18/1998