

SPENCER COUNTY PUBLIC SCHOOLS

Board of Education Agenda Item

Item # \_\_\_\_\_ Meeting Date January 27, 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 Taylor Stampfer.

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.

PERSONNEL

03.1233 AP.2

**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.

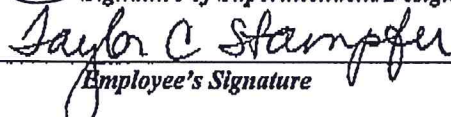
**MATERNITY/ADOPTION/CHILDREARING LEAVE: GRANTED UNDER THE TERMS OF POLICY 03.1233.**

Estimated dates of leave: March 19<sup>th</sup> to the end of the school year

Check one:

- ☒ Paid maternity leave. Number of sick leave days 30
- ☐ 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

  
\_\_\_\_\_  
Employee's Signature

1/24/14  
\_\_\_\_\_  
Date

1-24-14  
\_\_\_\_\_  
Date

Review/Revised:5/18/1998