

SPENCER COUNTY PUBLIC SCHOOLS
Board of Education Agenda Item

Item # _____ Meeting Date November 23, 2015

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 and Elizabeth Burge.

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

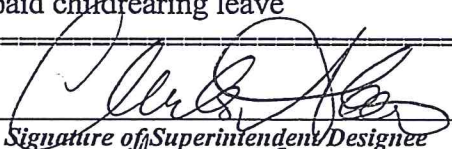
THIS AFFIDAVIT IS ESSENTIAL FOR PAYROLL PURPOSES. PLEASE COMPLETE THE FORM WITH CARE AND RETURN IT AS DIRECTED BY THE PRINCIPAL/DESIGNEE.

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

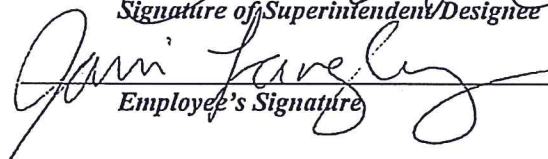
Estimated dates of leave: April 11th to May 23rd

Check one:

- ☒ Paid maternity leave. Number of sick leave days 5 days & unpaid
- ☐ 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

11/2/15

Date

11/2/15

Date

Review/Revised:5/18/1998

Maternity/Adoption/Childrearing Leave Request

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

Estimated dates of leave: TBA - Additional information will
Check one: be provided as it is received in the adoption.

- ☒ Paid maternity leave. Number of sick leave days 69 1/2
☐ 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

Beth Burge

11/10/15

Date

11/10/15

Date

Review/Revised: 5/18/1998