

SPENCER COUNTY PUBLIC SCHOOLS  
Board of Education Agenda Item

Item # \_\_\_\_\_ Meeting Date November 21, 2016

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 Crystal Abell.

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: 12/5/16 to 1/30/17

Check one:

- ☒ Paid maternity leave. Number of sick leave days 28
- ☐ 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

10/25/16  
\_\_\_\_\_  
Date

10/25/16  
\_\_\_\_\_  
Date

Review/Revised:5/18/1998