SPENCER COUNTY PUBLIC SCHOOLS Board of Education Agenda Item

Item #	Meeting Date September 28, 2020		
Topic/7	Title Maternity Leave Request		
Present	ter		
<u>Origin</u>			
	Topic presented for information only (no board action required).		
<u>X</u>	_ 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		
	8-		
Background/Summary of Information			
Maternit	ty leave request for Paula Barnes.		
Impact	on Descurees (DECLIDES FINANCE OFFICED)S INITIALS OF DEVICED		
Impact on Resources (REQUIRES FINANCE OFFICER'S INITIALS OF REVIEW) Finance Officer			
Finance Officer			

Timetable for Further Review or Action

SUPERINTENDENT'S RECOMMENDATION

Recommend based on -

Policy 03.2233 - Classified Personnel - Maternity Leave

<u>Paid Sick Leave</u> - 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.

<u>Unpaid Maternity Leave</u> - 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.

Review/Revised:5/18/1998

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: GRANTE			
Estimated dates of leave: 9-9-2020 to	0-16-2020		
Check one:			
☐ Paid maternity leave. Number of sick leave days _ ☐ Unpaid maternity leave ☐ Paid birth or adoption leave, not to exceed thirty (3☐ Unpaid childrearing leave	30) days. Number of sick leave days:		
Signature of Superintendent Designee	9/24/20		
Significant of Superintentient Designee	(Date		
Timble Barnes	9-18-2020		
Employee's Signature	Date		