## SPENCER COUNTY PUBLIC SCHOOLS Board of Education Agenda Item

Item #	Meeting Date <u>March 22, 2021</u>
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
Previou	s Review, Discussion or Action
	No previous Board review, discussion or action
	Previous review or action
	Date
	Action
Backgr	ound/Summary of Information
Materni	ty leave request for Ashley Singh.
Imma a4	on Description (DECLIDES EINANCE OFFICEDAS INTELATES OF PROVINGE
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

<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.

## 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: $5/24/21$ to $9/03/21$
Check one:
Paid maternity leave. Number of sick leave days
☐ Unpaid childrearing leave
Signature of Superintendent/Designee Date
Employee Signature  Date    Date

Review/Revised:5/18/1998