

**SPENCER COUNTY PUBLIC SCHOOLS**  
**Board of Education Agenda Item**

Item # \_\_\_\_\_ Meeting Date May 24, 2021

Topic/Title Maternity Leave Request

Presenter \_\_\_\_\_

**Origin**

\_\_\_\_\_ Topic presented for information only (*no board action required*).

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 Charlsey Fultz.

**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 03.2233 – Classified 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: 8/31/21 to 10/12/21

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]  
Signature of Superintendent/Designee

Charlsay Fultry  
Employee's Signature

5/19/21  
Date

5/9/21  
Date

Review/Revised:5/18/1998