

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

Item # \_\_\_\_\_ Meeting Date May 12, 2022

Topic/Title Maternity Leave Request

Presenter \_\_\_\_\_

**Origin**

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

\_\_\_\_\_ Action requested at this meeting.

X 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 Lauren Carlisle

**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.

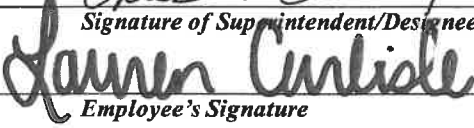
**MATERNITY/ADOPTION/CHILDREARING LEAVE: GRANTED UNDER THE TERMS OF POLICY 03.1233.**

Estimated dates of leave: 05/23/22 to 06/01/22

Check one:

- ☒ Paid maternity leave. Number of sick leave days 3.5 sick / 3 personal / 3 emergency
- ☐ 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*

5/4/2022  
\_\_\_\_\_  
*Date*

05/04/2022  
\_\_\_\_\_  
*Date*

Review/Revised: 5/18/1998