

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

Item # \_\_\_\_\_ Meeting Date August 22, 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 Brooke McIntosh

**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**

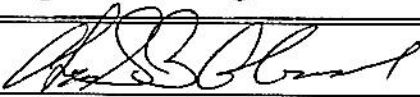
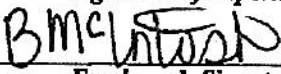
THIS AFFIDAVIT IS ESSENTIAL FOR PAYROLL PURPOSES. PLEASE COMPLETE THE FORM WITH CARE AND RETURN IT AS DIRECTED BY THE PRINCIPAL/DESIGNEE.

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

Estimated dates of leave: 9/26/22 to 11/14/22

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 of Superintendent/Designee  
  
\_\_\_\_\_  
Employee's Signature

8/15/22  
\_\_\_\_\_  
Date  
8-11-22  
\_\_\_\_\_  
Date

Review/Revised: 5/18/1998