

SPENCER COUNTY PUBLIC SCHOOLS
Board of Education Agenda Item

Meeting Date 3/27/2023

Topic/Title Maternity Leave Request

Presenter(s) _____

Type of Information/Board Action

- ☐ Information only. No Board action required.
- ☐ Action requested at a future meeting: [Click or tap to enter a date.](#)
- ☒ **Consent agenda for approval at this meeting.**
- ☐ Action requested at this meeting.

Board review is a result of:

- ☐ State or federal law or regulation.
- ☐ Board of Education policy.
- ☐ Past practice.
- ☐ Other: _____

Previous Review, Discussion, or Action

- ☐ No previous Board review, discussion, or action.
- ☐ Previous review/action on: [Click or tap to enter a date.](#) Action: [Click or tap here to enter text.](#)

Background/Summary of Presented Information

Maternity leave request for Krysten Lunsford

Financial Considerations

- ☐ There is NO financial impact on resources.
- ☐ There is a financial impact on Board resources. Chief Financial Officer must review.
[Click or tap here to enter text.](#) Chief Financial Officer's initials, if required

Superintendent's Recommendation

- ☐ Recommend approval as presented.

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.

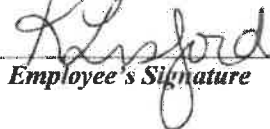
Estimated dates of leave: 5-12-23 to 6-26-23

Check one:

- ☒ Paid maternity leave. Number of sick leave days 7.5
- ☒ Unpaid maternity leave
- ☐ Paid birth or adoption leave, not to exceed thirty (30) days. Number of sick leave days: _____
- ☐ Unpaid childrearing leave



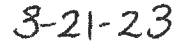
Signature of Superintendent/Designee



Employee's Signature



Date



Date

Review/Revised:5/18/1998