

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

Meeting Date 8/28/2023

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 Lauren Carlisle.

**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.

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: 09/18/23 to 11/06/23

Check one:

Paid maternity leave. Number of sick leave days 8 1/2

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*

8/25/23  
\_\_\_\_\_  
*Date*

Lauren Carlisle  
\_\_\_\_\_  
*Employee's Signature*

08/25/23  
\_\_\_\_\_  
*Date*

Review/Revised:5/18/1998

[Signature]  
8/25/23