



Department of Human Resources
9361 S 300 E, Sandy, Utah 84070
(801) 826-5452

Request for Maternity Leave

Name: _____ Employee ID #: _____

Home Address: _____

City, State, Zip Code: _____ Phone Number: _____

Email Address: _____

School/Department: _____ Assignment: _____ Hire Date: _____

Last working day before leave begins: _____ Number of days requested: _____

1. Employees who qualify for paid leave benefits, who donated to the Sick Leave Bank that school/contract year and are giving birth, qualify for up to six (6) consecutive calendar weeks (30 days) of paid Maternity Leave.
2. Other District leave options, both paid and unpaid, may also be used for additional leave for the mother's recovery; i.e. Family Sick, Sick, Sick Bank, Personal, Alternative, Vacation, Non-Paid Personal Leave, or FMLA Non-Paid Personal Leave.
 - 2.1. The American Medical Association's (AMA) standard recovery for the mother is six (6) calendar weeks for a traditional birth.
 - 2.2. Any additional leave used beyond the AMA standards must fall under the regulations of Policy 410.04-Employee Leave (Licensed) or 420.04-Employee Leave (ESP) and/or Policy-400.26-Family Medical Leave.

In order to be eligible for the Maternity Leave you must:

- Donate one day of sick leave to the Employee-Funded Sick Leave Bank for the school year in which you are applying; and
- Provide medical certification bearing an original signature from your doctor; and
- Complete and submit an application for Family Medical Leave Act (FMLA)

I hereby agree to repay any compensation paid from the Maternity Leave I have used, at my daily rate of pay, if I terminate my employment with the district for other than medical reasons before completion of the current and succeeding contract year. I understand if I have submitted a resignation for the current or succeeding contract year, I am ineligible for Maternity Leave.

(By signing your name, you agree the information in this form is accurate)

Employee's Signature

Date