



Maternity/Parental Leave Notification Form

Certificated Employees

Instructions: Complete this form to notify HR of your expected child(ren) and anticipated leave dates.

EMPLOYEE INFORMATION

Name:	Last 4 digits of SSN:
Location:	Contact phone:

PREGNANCY DISABILITY LEAVE (Complete this section ONLY if you are the birthing parent)

Description: Paid leave. Pregnancy disability leave will begin on the date specified by the treating physician. Leave charged against illness days.

First day out for pregnancy disability	
Expected delivery date	Via C-section <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Expected release to work date (typically 6-8 weeks post-partum)	

MATERNITY/PARENTAL LEAVE (AB 375)

Description: Optional, paid leave if eligible. Per AB 375, maternity/parental leaves may be granted for up to 12 weeks from the medical release date (typically 6-8 weeks postpartum) or immediately after the birth/adoption/legal foster placement of the child(ren) for a non-birthing parent. Employees may choose to use this leave intermittently (min. 2-week increments) within 1 year.

Do you want to use AB 375 leave?	<input type="checkbox"/> Yes – continue with this section <input type="checkbox"/> No – skip to last question															
Date of birth/adoption/legal foster placement of child(ren)	Expected: _____ Actual: _____															
AB 375 start date																
AB 375 end date	Total weeks: _____															
If you will use AB 375 leave intermittently, record additional dates here.	<table><tr><th>Start Date</th><th>End Date</th><th>Total Weeks</th></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>	Start Date	End Date	Total Weeks												
Start Date	End Date	Total Weeks														
Do you want to take an LOA? (Optional, unpaid leave)	<input type="checkbox"/> Yes – complete request for LOA form <input type="checkbox"/> No															

SUBMIT THE FOLLOWING

ATTN: Toni Di Cicco, Certificated Personnel Phone: x22223 Email: tdicicco@seq.org	<input type="checkbox"/> This completed form (send updated versions throughout leave) <input type="checkbox"/> Medical note indicating 1st day of pregnancy disability (if applicable) <input type="checkbox"/> Paperwork indicating date of birth/adoption/placement of child(ren) <input type="checkbox"/> Medical note indicating release to work date (if applicable)
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Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Assistant Superintendent of HR Signature _____ Date _____