



## 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

<b>Name:</b>	<b>Last 4 digits of SSN:</b>
<b>Location</b>	<b>Contact phone:</b>

### 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 of child 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 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.	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: tdcicco@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"/> Documentation indicating date of birth/adoption 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 \_\_\_\_\_