

EGG HARBOR TOWNSHIP BOARD OF EDUCATION  
13 Swift Drive  
Egg Harbor Township, NJ 08234  
**MATERNITY LEAVE REQUEST**

Employees covered by the negotiated agreement between the Egg Harbor Township Board of Education and the Egg Harbor Township Education Association, please refer to Article XVI- "Extended Leaves of Absence" of the contract. A copy of district policy on reverse side of form.

Name: \_\_\_\_\_ School: \_\_\_\_\_

Position: \_\_\_\_\_ Principal: \_\_\_\_\_

**DATES OF LEAVE:**

ANTICIPATED DATE OF DELIVERY: \_\_\_\_\_

DATE OF LAST WORK DAY: \_\_\_\_\_

IT IS MY INTENTION TO RETURN TO WORK AT THE END OF MY  
DISABILITY (USE OF PAID SICK DAYS SUPPORTED BY A DOCTOR'S NOTE):

Yes                  No

IF YES, DATE OF RETURN: \_\_\_\_\_

IF NO, REQUEST DATE OF RETURN\*\*: \_\_\_\_\_

**(\*\*MUST COMPLETE CHILDREARING LEAVE REQUEST)**

NUMBER OF SICK DAYS AVAILABLE: \_\_\_\_\_

DOCTOR'S NOTE ATTACHED:                  Yes \_\_\_\_\_          No \_\_\_\_\_

Maternity leave will not be approved until Director of Human Resources' office is in receipt of a physician's statement indicating (1) the expected date of delivery, (2) last work date or period of disability prior to delivery, and (3) the doctor's normal post-delivery recovery period.

\*\*\*In order to return to work following delivery, the employee shall furnish a physician's certificate stating that employee is medically able to resume or continue to perform her duties. \*\*\*

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Director

\_\_\_\_\_  
Date

*PLEASE FORWARD TO DIRECTOR OF HUMAN RESOURCES  
AT LEAST **90 DAYS PRIOR** TO THE DATE LEAVE IS REQUESTED*

Doctors Note Received: \_\_\_\_\_

Letter to Board Received: \_\_\_\_\_

Board Approval Date: \_\_\_\_\_

# Maternity Leave

(Needs Board approval)

- Maternity Leave paperwork is located in the main office of every school
- Please Include and Complete the following:
  - Maternity Leave Form
  - Available written documentation supporting this request
  - Letter addressed to Dr. Kimberly Gruccio, Superintendent, requesting a Maternity Leave with specific dates

Maternity Leave will not be approved until Director of Human Resources' office is in receipt of a physician's statement indicating (1) the expected date of delivery, (2) last work date or period of disability prior to delivery and (3) the doctor's normal post-delivery recovery period.

In order to return to work following a delivery, the employee shall furnish a physician's certificate stating that the employee is medically able to resume or continue to perform her duties.

Must complete Child Rearing Leave request form if extending beyond the Maternity disability period.

Please return the above information to Aimee Frye, at the Board of Education Office

Any questions: [fryea@eht.k12.nj.us](mailto:fryea@eht.k12.nj.us)

Fax 609-601-2794

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Policy for Certified Staff  
3435 Anticipated Maternity Leave  
Attached

Policy for Support Staff  
4435 Anticipated Maternity Leave  
Attached

# Policy

## Egg Harbor Township Board of Education

### **3000 Teaching Staff Members 3435 Anticipated Maternity Leave**

Employees requesting a pregnancy related disability will be granted the "presumption of disability" for a period of twenty days before and twenty days following the expected birth. The following requirements shall exist.

A. The employee requesting a maternity disability leave shall request in writing to the Superintendent no later than three months prior to its effective date. The request shall include the following information:

1. The intention to return to work after the disability period, or a request for a child rearing leave following the disability period of time as prescribed in Article XVI of the negotiated agreement;
2. A statement as to the expected due date and the final date of work.

B. A doctor's note indicating the existence of a maternity disability and the projected due date;

C. The employee shall be entitled to apply sick days during the period of presumed disability provided sufficient accumulated sick days exist;

D. Extensions to the presumed period of disability (20/20) will be granted only under the following conditions:

1. Additional documentation by a physician indicating that such extensions are necessary along with the duration of the extension;
2. That the employee has accumulated sufficient sick time to be applied.

E. When applied sick days run into a scheduled day off (NJEA, snow days, holidays and vacation periods) the day(s) will be counted as part of the disability period but will not be deducted from accumulated sick time.

Adopted: 10/22/2002

Revised: 5/8/2012

# Policy

## Egg Harbor Township Board of Education

### **4000 Support Staff Members 4435 Anticipated Maternity Leave**

Employees requesting a pregnancy related disability will be granted the "presumption of disability" for a period of twenty days before and twenty days following the expected birth. The following requirements shall exist.

A. The employee requesting a maternity disability leave shall request in writing to the Superintendent no later than three months prior to its effective date. The request shall include the following information:

1. The intention to return to work after the disability period, or a request for a child rearing leave following the disability period of time as prescribed in Article XVI of the negotiated agreement;
2. A statement as to the expected due date and the final date of work.

B. A doctor's note indicating the existence of a maternity disability and the projected due date;

C. The employee shall be entitled to apply sick days during the period of presumed disability provided sufficient accumulated sick days exist;

D. Extensions to the presumed period of disability (20/20) will be granted only under the following conditions:

1. Additional documentation by a physician indicating that such extensions are necessary along with the duration of the extension;
2. That the employee has accumulated sufficient sick time to be applied.

E. When applied sick days run into a scheduled day off (NJEA, snow days, holidays and vacation periods) the day(s) will be counted as part of the disability period but will not be deducted from accumulated sick time.

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