



# GREATER ESSEX COUNTY DISTRICT SCHOOL BOARD PREGNANCY/PARENTAL LEAVE OF ABSENCE

Complete and forward to Human Resources

Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Location: \_\_\_\_\_

Position: **Please check one of the following:**

- |   |   |
|---|---|
| <input type="checkbox"/> Elementary School Teacher                | <input type="checkbox"/> Professional Student Services Personnel, O.S.S.T.F.    |
| <input type="checkbox"/> Secondary School Teacher                 | <input type="checkbox"/> Educational Support Staff, O.S.S.T.F.                  |
| <input type="checkbox"/> Occasional Teacher - Elementary          | <input type="checkbox"/> Custodian, C.U.P.E. 27/Skilled Trades                  |
| <input type="checkbox"/> Occasional Teacher - Secondary           | <input type="checkbox"/> Non-Bargaining Employees                               |
| <input type="checkbox"/> Office/Clerical/Technical, C.U.P.E. 1348 | <input type="checkbox"/> Language and Employment Services Employees, O.S.S.T.F. |
| <input type="checkbox"/> Other: _____                             |   |

**PERIOD OF LEAVE OF ABSENCE REQUESTED:**

My last day of work is: \_\_\_\_\_ My Due Date is: \_\_\_\_\_

I will return to work on: \_\_\_\_\_ Doctor's Note Indicating Due Date Attached:

**The period of my pregnancy leave (17 weeks) will be:**

FROM: \_\_\_\_\_ TO \_\_\_\_\_  
Year Month Day Year Month Day

**The period of my parental leave (up to 61 weeks) will be:**

FROM: \_\_\_\_\_ TO \_\_\_\_\_  
Year Month Day Year Month Day

**To the best of my knowledge, the above information is correct.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**TO BE COMPLETED BY PRINCIPAL/IMMEDIATE SUPERVISOR:**

I have reviewed and discussed this absence with the above named employee. My signature below confirms review of this request, not approval.

\_\_\_\_\_  
Signature of Immediate Supervisor

\_\_\_\_\_  
Date

Approved by: \_\_\_\_\_

\_\_\_\_\_  
Signature of Superintendent

\_\_\_\_\_  
Date

**TO BE COMPLETED BY HUMAN RESOURCES**

Leave granted without pay.  Supplementary Benefit Amount: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Human Resources Officer

\_\_\_\_\_  
Date