

MATERNITY LEAVE REQUEST FORM

ALEXANDER CITY BOARD OF EDUCATION

Alexander City, Alabama

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To: Superintendent

From: _____

Subject: Maternity Leave

Date: _____

School: _____

I hereby request a maternity leave from my official duties due to pregnancy.

Date leave to begin: _____

Date of return to duties: _____

Date of expected delivery: _____

Accumulated sick days to use: _____

Personal Leave days to use: _____

Days without pay: _____

Total _____

I have read the Maternity Leave Policy and I am making this request being fully cognizant of its terms and conditions.

Employee: _____ Date: _____

Principal: _____ Date: _____

Superintendent: _____ Date: _____

