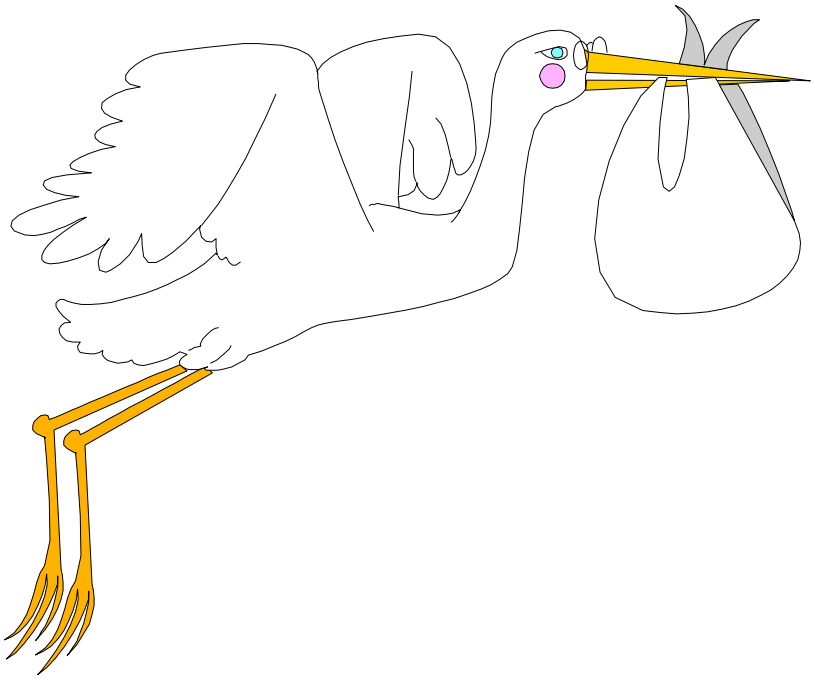
Monroe City Schools



Requirements and Packet

For

Maternity Leave

Maternity Leave

Eligibility:

All women teachers and other women employees of the Monroe City School Board who are permanently employed by the Board shall be eligible for maternity leave.

Requirements:

An applicant for maternity leave must select one of the four (4) plans denoted herein in order to receive maximum maternity leave benefits. Each applicant is encouraged to conference with the Human Resource Department in order to ensure the selection of the best plan of benefits for the present as well as the future.

***Preference Plans**: NOTE: In addition to the following plans, a **female teacher** has the option of requesting a medical sabbatical if complications of pregnancy occur requiring a lengthy disability and if the teacher qualifies for a sabbatical under Louisiana law.*

Plan A: Will be used when the employee will be absent only during period of disability and has accumulated sick days sufficient to cover the entire disability period. Under this plan the employee receives 100% of their daily rate of pay.

Plan B: ***Extended Leave Option:*** Under this plan, the employee must exhaust all accumulated sick leave and will follow all requirements under Acts 1341 and 457, Extended Sick Leave. The employee receives 65% of her daily rate of pay under this plan.

Plan C: Combination of Plan A and Plan B. If an employee does not have sufficient accumulated sick days to cover the entire disability period, she may use the accumulated days she does have and once used may fall under the extended sick leave provisions for the remainder of the disability. Wages will be adjusted according to the requirements of Plan A & B.

Plan D: Leave without pay ONLY under the *Family and Medical Leave Act of 1993*. Under this plan, the employee will be docked 100% of their daily rate of pay. This plan is usually selected when an employee has no accumulated sick days and has used all allowable days under the extended sick leave provision. In addition, the employee must qualify according to all requirements of the *Family and Medical Leave Act.*

How to Request a Maternity Leave:

To request a maternity leave, the employee and her physician fills out "Request for Maternity Leave" form giving as much advance notice as possible. The completed form is to be submitted to the personnel office. Once approved, a copy will be sent to the employee's principal or supervisor.

To return to work, the employee's physician completes the "Medical Release to Work" form which will give the date the patient was released to return to work. After returning, the employee's principal/supervisor will complete and sign the bottom of the form and submit the form to the personnel office no later than two days following her return to work.

Monroe City Schools

Request For Maternity Leave

Employee:_____ SSN: _____

School/Department:_____

To be completed by employee: (It is recommended that you consult with the Human Resources Office before completing this portion of the form.)

I am requesting the school board's approval for a maternity leave:

a. Beginning approximately on:_____

b. Tentative ending date:_____

c. Expected date of delivery:_____

d. Check the plan you are requesting to use:

_____ Plan A _____ Plan B _____ Plan C _____ Plan D

e. If Plan A, how many accumulated sick days will you have available?_____

f. If Plan B, how many extended sick leave days will you have available?_____

g. If Plan C, complete a. and b. above.

Additional Comments: _____

_____

Employee Signature:_____ Date:_____

To be completed by employee's physician:

This is to verify that the above named patient under my care will be medically disabled from performing her duties from approximately _____ to _____ due to pregnancy.

Additional Physician Comments:_____

_____

Physician's Name & Address

_____

_____

_____

Physician's Signature:

_____

Date:_____

Medical Release to Return to Work
After Maternity Leave

NOT to be completed until the physician releases the employee to return to work. Turn in to school principal or immediate supervisor.

To be completed by employee:

Name:_____

Social Security Number:_____

School/Department:_____

To be completed by physician:

This is to verify that the above named patient, under my care, will be medically able to return to work on

_____.

Additional Comments: _____

_____

_____

Physician's Name and Address: Physician's Signature:

_____ _____

_____ Date:_____

_____

To be completed by school principal or immediate supervisor:

This is to verify that the above named individual returned to full time work on:

_____

Signature:_____ Date:_____

Submit the original of this form to the personnel office no later than two (2) days following the employee's return to work.

Monroe City Schools

Human Resources

P.O. Box 4180
2006 Tower Drive
Monroe, LA 71211-4180

(318) 325-0601
FAX: (318) 582-7580
dana.mullins@mcschools.net
Dana Mullins, Personnel Supervisor

Authorization to Release Medical Information

This is to authorize Dr. _____ to release all medical facts regarding my condition (or the medical condition of my family member_____) to the Monroe City Schools Human Resources Department. This information is required by LA Acts 1341 and 457 to determine my eligibility for an extended leave.

This information should be mailed to the attention of Dana Mullins and marked "Confidential."

Employee Signature:_____ Date:_____

This authorization will remain active for one year following the date of signature indicated above.