



Administrative Center

ZANESVILLE CITY SCHOOLS

956 Moxahala Ave. ZANESVILLE, OHIO 43701-5533

PHONE: (740) 454-9751

FAX: (740) 455-4325

PREGNANCY LEAVE REQUEST FORM

Employee: _____

Present Position: _____

The district envisions the period of disability to be four to six weeks both before and after delivery. The final determination rests with the employee and her physician. Please indicate below the expected period of disability. Nothing herein shall be construed to restrict any employee from using sick leave at any time during her pregnancy prior to the period listed below.

NOTE: Please be advised that employees of the Zanesville City School District may request unpaid leave in addition to using the paid sick leave noted above.

Expected date of delivery: _____

Anticipated last day of work prior to delivery: _____

Anticipated recovery period after delivery: _____

Expected date of return: _____

Employee's Signature

Date

To the Employee:

In addition to the paid sick leave noted above, if you wish to request unpaid leave for maternity purpose, understand that such leave will be granted in semester blocks not to exceed one (1) full school year. If such leave is not needed for the duration originally requested, said employee may request an earlier return to work.

I hereby request unpaid maternity leave as follows:

Starting Date of Requested Leave: _____

Ending Date of Requested Leave: _____

Employee's Signature

Date

Approved: _____
(Superintendent's Designee)

Date