

MATERNITY LEAVE REQUEST FORM

**WINSTON COUNTY BOARD OF EDUCATION
Double Springs, Alabama**

To: Superintendent

From: _____

Subject: Maternity Leave

School: _____ **Date:** _____

I hereby request a maternity leave from my official duties due to pregnancy. The expected date on which I would like to begin such leave is

_____.
month day year

The expected delivery date is _____.
month day year

I expect to use _____ day(s) of my accumulated sick leave and _____ day(s) of personal leave.
no. days no. days

The date on which I expect to resume my regular duties is: _____.
month day year

I have read the Maternity Leave policy, filed GALBE, and I am making this request being fully cognizant of its terms and conditions.

Signature: _____ **Date:** _____
employee

Approved: _____ **Date:** _____
Superintendent