

PENN CAMBRIA SCHOOL DISTRICT  
Cresson, Pennsylvania

MATERNITY LEAVE APPLICATION & AGREEMENT

Directions: Applicant shall provide the necessary information required below when requesting leave.

Name \_\_\_\_\_ Date Filed \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Building \_\_\_\_\_ Grade/Subject \_\_\_\_\_ Contract Yr \_\_\_\_\_ - \_\_\_\_\_

I. ESTIMATED DATE OF DELIVERY \_\_\_\_\_

II. ATTACH F.M.L.A. DOCUMENTS CERTIFYING:

A. Estimated delivery date.

B. Employee's physical abilities permit performance of full duties and responsibilities of position.

III. LENGTH OF LEAVE REQUESTED:

A. LEAVE TO BEGIN \_\_\_\_\_  
Month Day Year

B. LEAVE TO END \_\_\_\_\_  
Month Day Year

I understand that I am required to give notice to the Superintendent at least two (2) weeks in advance of the date of my intended return to duty.

I further understand that if I do not return to duty at the end of leave date stated in ITEM III.B. above, it will be considered that I have abandoned or resigned my position with the Penn Cambria School District.

\_\_\_\_\_  
Signature Date

(Office Use Only)

Date Received \_\_\_\_\_ Board Action: Approved \_\_\_\_\_ Date \_\_\_\_\_

Rejected \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Board Secretary

Copy: \_\_File  
\_\_Employee

(To be filed in duplicate by applicant.)