



HUMAN RESOURCES

3755 Church Street
Zachary, LA 70791
225.658.4969
Fax 225.658.5261
www.zacharyschools.org

MEMO TO:

**FROM: YOLANDA WILLIAMS
DIRECTOR OF HUMAN RESOURCES**

SUBJECT: DISABILITY DUE TO PREGNANCY

This will acknowledge receipt of your notification to this office of your impending disability due to pregnancy. You are requested to return the Application for Disability Due to Pregnancy to this office so that we can effectively plan for your replacement. If you plan to use extended sick leave, you must also complete and return the Application for Extended Sick Leave.

Please feel free to contact this office if you have any questions.



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APPLICATION FOR DISABILITY DUE TO PREGNANCY

NAME _____ DATE _____

SCHOOL _____

SUBJECT OR GRADE _____

DATES OF LEAVE (DISABILITY DUE TO PREGNANCY)

INDICATE APPROXIMATE OR EXACT DATES THAT YOU PLAN TO BE ON LEAVE FROM YOUR PRESENT POSITION.

APPROXIMATE DATE OF DEPARTURE _____ * EXACT DATE OF DEPARTURE _____

APPROXIMATE DATE OF RETURN _____ * EXACT DATE OF RETURN _____

***NOTIFY OFFICE OF HUMAN RESOURCES AS SOON AS POSSIBLE WHEN A DECISION IS MADE OF YOUR EXACT DATE OF DEPARTURE SO THAT A SUITABLE REPLACEMENT CAN BE ASSIGNED TO YOUR POSITION.**

REQUEST FOR SICK LEAVE AND/OR EXTENDED SICK LEAVE (CHECK A, B, OR C)

A. _____ I would like to use all of my accumulated sick leave and/or extended sick leave during my disability.**

****MUST COMPLETE APPLICATION FOR EXTENDED SICK LEAVE (ATTACHED)**

B. _____ I would like to use only _____ days of sick leave during my disability, reserving the remainder of my sick leave for use at a later date**

C. _____ I do not wish to use any sick leave during my disability.

****DOCTOR'S CERTIFICATE MUST SUPPORT THE DATES USED FOR DISABILITY.**

REQUEST FOR MATERNITY LEAVE (WITHOUT PAY) (CHECK A, B, OR C)

A. _____ After all accumulated sick leave is exhausted, I would like to request a maternity leave (without pay) until I am able to return to work.

B. _____ After I have used _____ days sick leave, I would like to request a maternity leave (without pay) until I am able to return to work.

C. _____ I would like to request only a maternity leave (without pay) during the dates listed above.

SIGNATURE OF EMPLOYEE

EMPLOYEE NUMBER



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