



Maternity Leave Request Form

Employee Information

Name: \_\_\_\_\_

Position: \_\_\_\_\_

School Site/Department: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Expected Birthdate of Child: \_\_\_\_\_

Planned Start Date of Leave: \_\_\_\_\_

Planned Return Date of Leave: \_\_\_\_\_

Will you be requesting FMLA? \_\_\_\_\_

Has your supervisor been notified? \_\_\_\_\_

Planned use of sick leave? \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Benefits Specialist Signature

\_\_\_\_\_  
Date