

Maternity/Child Care Leave Information

***If you are planning to apply for a maternity or childcare leave, it is important for you to be aware of your contractual and legal rights.

- By law, pregnancy qualifies as a disability. This means you can utilize sick days to cover 30 calendar days prior to delivery and 30 calendar days following delivery.
- Article XVII - Leaves, p. 18. You must apply in writing for leave 90 days prior to the anticipated due date.
- If you are a ten month employee, and give birth during the summer, you are unable to use the full allotment of sick days because some days may fall on non-work days.
- When using sick days during the identified disability time, you will be paid and continue to receive benefits.
- Once the disability period is over, you may take an unpaid childcare leave, per Article XVII.
- Under Article XX, Insurance Protection, "employees will continue to receive benefits for six months following the period of disability."
- Employees on leave will be responsible for employee's said contribution of insurance consistent with P.L. 2011, c.78.
- It is important for non-tenured employees to be aware that their tenure clock stops during the unpaid portion of the leave.
- To attain tenure, employees must work (be paid) for four years and one day.
- The Board of Education can change the assignment of an employee returning from maternity leave, by exercising its managerial prerogative to transfer the employee within the scope of his/her certificate or area of expertise and skill.



Old Bridge Township Public Schools
Office of the Assistant Superintendent of Schools

APPLICATION FOR MATERNITY/CHILD CARE LEAVE OF ABSENCE

Name:	Date:
Home Address:	Phone Number:
Position:	School:

When requesting maternity leave under the Family Leave Act be advised that accumulated sick days may be used thirty (30) calendar days before and thirty (30) calendar days after the child's delivery date. Your physician's note, verifying your expected delivery date, must be attached to this request, which should be submitted at least ninety (90) days before the effective date of the leave.

MATERNITY / CHILD CARE LEAVE REQUEST
Please include month, day and year

Date of expected delivery:

Paid Maternity from:		To	
Unpaid Maternity from:		To	
Unpaid Child Care from:		To	

Date of return to employment:

Employee Signature:	Date:
---------------------	-------



Old Bridge Township Public Schools
Office of the Assistant Superintendent of Schools

APPLICATION FOR MEDICAL LEAVE OF ABSENCE			
Name:		Date:	
Home Address:		Phone Number:	
Position:		School:	
<p>When requesting medical leave, be advised that all accumulated sick days, personal days, and personal bank days must be utilized. Your <u>physician's note</u>, verifying the days requested, <u>must be attached</u> to this form, which should be submitted as soon as possible before the effective date of the leave.</p>			
MEDICAL LEAVE REQUEST Please include <u>month, day and year</u>			
Paid Medical from: <small>(all accumulated sick, personal, personal bank days must be used)</small>		To	
Unpaid Medical from:		To	
Date of return to employment:			
Employee Signature:		Date:	