

**Maternity/Paternity Leave Request**

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
School Site

I hereby request that I be granted maternity/ paternity leave provided by the Policy adopted by the Elko County School District Board of Trustees, beginning \_\_\_\_\_,

I plan to return to work on \_\_\_\_\_.

*A teacher shall be granted maternity leave not to exceed twelve (12) weeks immediately following the child's birth. The teacher will have the option of charging any and all maternity leave to her/his accrued sick leave or, if accrued sick leave is not sufficient, leave may be taken without pay.*

- I wish to have my accrued sick leave used during the first twelve (12) weeks after the birth of the child.
- I do not desire to utilize my sick leave at this time.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Date

\_\_\_\_\_  
Disapproved

\_\_\_\_\_  
Date