Pregnancy Leave of Absence Request

Employees who will be requesting a medical leave of absence for birthing reasons must submit a Pregnancy Leave I form to the Human Resources Office before the blessed event. The Pregnancy Leave II form is to be completed by the doctor after the delivery of the child; normally this is completed at the time of your first check-up visit after the delivery. Your physician should know at that time when he will release you from his care to return to work.

Leave taken by the employee beyond the six-week allowable leave time will be considered personal convenience leave (without pay).

Please feel free to call me if you have any questions concerning this matter.

Carol Moreno
Human Resources Director
760-336-4511
PREGNANCY LEAVE I  (Beginning Date)

_________________________________________  _______________________________________
Name of Employee                                                                        Date

Requests for sick leave under Education Code Section 44965 shall be accompanied by this form so as to make clear which portion of the leave of absence is to be considered as sick leave (with pay) and which portion is to be considered personal convenience (without pay). **Form II must be submitted as soon as your physician knows when he will release you from his care.**

1. I intend to begin my leave of absence on ____________________________________________  
   Date

2. Subject to physician’s approval, I intend to return to work on ________________________  
   Date

3. Physician’s professional opinion:

   This patient will be unable to work beginning ________________________________________  
   ________________________________________  ________________________________________  
   Date                                           Physician’s Signature

4. If the date in paragraph one is earlier than the date in paragraph 3, I will be on unpaid leave of absence between the two dates.

_________________________________________  
Employee’s Signature

(All paid sick leave presume that you have accumulated days by reason of your employment).
When you are on sick leave under Education Code Section 44965 (Pregnancy Leave), you may wish to remain “off-the-job” after your physician determines that you are physically able to return to work. In order to clarify which portion of your leave is considered sick leave (with pay) and which portion is considered personal convenience (without pay), please submit this form AS SOON AS YOUR PHYSICIAN KNOWS WHEN HE WILL RELEASE YOU FROM HIS CARE.

Name of employee

1. I intend to return to work on ____________________________
   Date

2. Physician’s professional opinion:

   This patient will physically able to return to work on ____________________________

   ____________________________

   Physician’s Signature
   Date

3. If the date of paragraph one is later than the date of paragraph two, I will be on unpaid leave of absence between the two dates.

   ____________________________

   Employee’s Signature

(All paid sick leave presume that you have accumulated days by reason of your employment).