



EMPLOYEE ID# [] [] [] [] [] []

NAME (LAST, FIRST):

LOCATION# [] [] [] [] []

- CERTIFICATED
- CLASSIFIED
- FOOD SERVICES

ABSENCE DATES:

FROM DATE TO DATE

[] [] [] [] [] [] [] [] [] [] [] []

OF DAYS HOURS/DAY* TOTAL HOURS

[] [] [] [] [] [] [] [] [] [] [] []

*8 HOUR/DAY = FULL TIME ASSIGNMENT

PHYSICIAN'S CERTIFICATION:

I CERTIFY THAT THE ABOVE NAMED PERSON WAS UNABLE TO WORK DURING THE SPECIFIED PERIOD

PHYSICIAN'S SIGNATURE CA LICENSE NUMBER

I CERTIFY THAT THE INFORMATION STATED ON THIS CARD IS TRUE

EMPLOYEE'S SIGNATURE DATE

APPROVAL SIGNATURE DATE

TIMEKEEPER SIGNATURE DATE ENTERED IN TIME & LABOR

DATE OF CHILDBIRTH:

[] [] [] [] [] [] [] []

COMMENTS:

GENERAL INSTRUCTIONS:

Maternity leave is a fully paid leave provided for birth mothers who have been employed by the San Diego Unified School District for at least twelve(12) months. This leave is not charged against a sick leave balance. A birth mother is entitled to three(3) consecutive work weeks of paid maternity leave immediately following the birth of her child. This leave requires a physician's certification/medical documentation that includes the date of birth. Please attach the certification/documentation to this leave application.

Please refer to appropriate collective bargaining agreements for specific information regarding available leave benefits.

TIMEKEEPERS:

Please use the the TRC code: **MAT** to report maternity leave.

After reporting this leave into Time and Labor, this card must be filed at the site.

Do not send this card to the payroll department. Each site is responsible for maintaining their own absence forms.