



# Maternity/Pregnancy Disability Leave Form

Complete the "Employee Information" section. Select the type of leave being requested and complete that section. Sign and date the "Employee Leave Request Acknowledgment" section. Return this form as soon as possible to the Human Resources Department.

## EMPLOYEE INFORMATION

Employee's Name:		Work Location:	
Employee's Job Title:		Assignment:	
Email:	Phone:	Employee ID:	

## MATERNITY / PREGNANCY DISABILITY INFORMATION

- Grants an employee up to four months (17-1/3 weeks) of unpaid leave while the employee is disabled by pregnancy, childbirth and related medical conditions under Pregnancy Disability Leave Act (PDLA)
- Applies only to an employee disabled by pregnancy or childbirth and does not cover child-bonding.
- Employee disabled by pregnancy or childbirth is entitled to use paid leaves under the same rules as for any temporary disability.
- If you qualify, FMLA will run concurrent with PDLA and paid illness leaves.
- Employee is eligible for continued health benefits while on PDLA and FMLA.

## MATERNITY/PREGNANCY DISABILITY LEAVE APPLICATION

My last day or work will be: \_\_\_\_\_ I plan to return to work on: \_\_\_\_\_

I wish to use my accumulated sick leave and/or differential pay during PDLA and FMLA. Sick leave/differential pay is paid only in the event absence verifications are submitted weekly in eSchool.

I do not want to use my accumulated sick leave and understand I am waiving my rights to differential pay during my leave.

I plan on applying for Baby Bonding leave and/or unpaid Child Care leave (see Baby Bonding/Parental Leave form)

If I qualify for FMLA and have health benefits, I understand that my deductions will continue in my check or if I am not receiving a check, I will be responsible for my employee portion of my health benefits.

## MEDICAL CERTIFICATION

TO BE COMPLETED BY EMPLOYEE'S PHYSICIAN/MEDICAL ADVISOR:

For the reason of maternity, I anticipate the beginning date of disability to be: \_\_\_\_\_  
Estimated date of delivery is: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Physician/Medical Advisor                      Signature of Physician/Medical Advisor                      Date

## EMPLOYEE LEAVE REQUEST ACKNOWLEDGEMENT

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Administrator's Signature \_\_\_\_\_ Date: \_\_\_\_\_

## LEAVE APPROVAL RESPONSE – HR USE ONLY

Completed Leave request form received by:	Date received:
Received documentation: <input type="checkbox"/> YES <input type="checkbox"/> NO	Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO

Following is a guide regarding federal and California state laws in regards to leave programs available to parents after the birth or placement for adoption. Please be advised you must confer with your HR Technician regarding your eligibility for protected leave under California Family Rights Act (CFRA) and Parental Leave Laws.

Type of Leave	Duration	Benefit	Eligibility Requirements and Use
<b>Pregnancy Disability Leave (PDL)</b> Gov. Code §12945	Up to 4 months (17 ½ weeks)	<ul style="list-style-type: none"> <li>• Job protected leave</li> <li>• Eligible for benefit continuation of employer contribution for medical/dental/vision</li> </ul>	A woman is eligible for up to 4 mos. of pregnancy disability leave regardless of the length of time she has worked for District. PDL may be taken when a woman is disabled by her pregnancy, childbirth, or a related medical condition, for example; time off for prenatal care, severe morning sickness, doctor-ordered bed rest, childbirth, recovery from childbirth, and any related medical condition.
<b>Family &amp; Medical Leave Act (FMLA)</b>	Up to 12 weeks per calendar year	<ul style="list-style-type: none"> <li>• Job protected leave</li> <li>• Eligible for benefit continuation of employer contribution for medical/dental/vision</li> </ul>	Eligibility requirements: <ol style="list-style-type: none"> <li>1. 12 mos. cumulative District service</li> <li>2. 1250 actual hours worked in the prior 12 mos.</li> </ol> May run concurrently with PDL for any period of incapacity due to pregnancy or for prenatal care (e.g. see medical conditions listed above).
<b>California Family Rights Act (CFRA) Baby Bonding Leave</b>	Up to 12 weeks after birth or placement for adoption	<ul style="list-style-type: none"> <li>• Job protected leave</li> <li>• Eligible for benefit continuation of employer contribution for medical/dental/vision</li> </ul>	Eligibility requirements: <ol style="list-style-type: none"> <li>1. Employed for at least 12 months</li> </ol> You are eligible for 12 weeks of protected leave to bond with the child or to take care of a spouse/partner disabled by pregnancy. For baby bonding leave it must occur within 1 year of the birth or 1 year anniversary of placement for adoption or foster care. The requirement of 1,250 is not a requirement for baby bonding only but is a requirement for caring of family member.

**OTHER REFERENCES:**

UTR Contract: Article 13, Section 12, Section 13

WCCAA: