



**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:	YES      NO	Approved:	YES      NO

**PREGNANCY | MATERNITY | PATERNITY  
 LEAVE LAWS & CONTRACT PROVISIONS**

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.

<b>Type of Leave</b>	<b>Duration</b>	<b>Benefit</b>	<b>Eligibility Requirements and Use</b>
<b>Pregnancy Disability Leave (PDL)</b>			