



6-WEEK MATERNITY LEAVE FORM CVEA

Name: _____ Employee ID: _____

Site: _____ Job Title: _____

To be eligible for the CVEA 6-week Maternity Leave benefit, the employee must be an eligible contracted certificated employee. You may be entitled to other paid leave benefits. For more information regarding this benefit, or to discuss other leave plans, please contact the Payroll Department at (619) 588-5070.

Following childbirth, permanent unit member(s) shall have six (6) work weeks of fully paid maternity leave applied during the pregnancy disability period. The leave will be applied to "contract days" for which unit members are paid, therefore, non-paid days (weekends and breaks) do not count against the six (6) weeks of paid leave. These maternity leave days shall not be deducted from the unit member's accumulated leave balance. If any portion of the unit member's pregnancy disability period falls outside of their work year, the unit member may use the remainder of the six (6) weeks of paid maternity leave within one (1) calendar year of the birth of the child in increments of not less than one (1) week. It is the responsibility of the bargaining unit member to notify the District and provide documentation regarding the childbirth.

TO BE COMPLETED BY EMPLOYEE:

DIRECTIONS: Select one of the options below and submit the completed form to your immediate supervisor within thirty (30) days of delivery. **NOTE:** The 6-week Maternity Leave benefit runs concurrently with Pregnancy Disability/Parental Leave (Baby Bonding).

Child's Date of Birth:

_____/_____/_____
(attach birth certificate)

Please apply my six (6) weeks of paid maternity leave:

- ☐ During the first six (6) weeks of post-partum.
☐ In one-week increments after the birth of my child. **If requesting one-week increments, please complete a separate form for each week of leave.*

First Day of Leave: _____ **Last Day of Leave:** _____ **Total Days:** _____

Remarks: _____

I certify under penalty of perjury that the preceding, including all attachments, is true and correct.

Employee (please print)

Signature

Date

Immediate Supervisor (please print)

Signature

Date

Payroll Supervisor (please print)

Signature

Date