

GREEN BROOK TOWNSHIP PUBLIC SCHOOLS

Request for Maternity Leave under FMLA/NJFLA/Child Rearing

This form must be completed at least three (3) months in advance and must be accompanied by physician’s certification, which includes expected due date. Please complete all applicable information and return to Human Resources, at the Board Office.

NAME: _____

SCHOOL: _____

___ I am expecting a baby on _____ (Date). My last day of work will be _____.

I would like to use (INSERT # OF SICK DAYS where applicable):

_____ of my accumulated paid sick days (not to exceed 20*) BEFORE the birth of my baby
_____ of my accumulated paid sick days (not to exceed 20*) AFTER the birth of my baby
_____ unpaid days with benefits under FMLA (to run concurrently with NJFLA - time you are bonding with newborn - not to exceed 12 weeks) from the date of _____ through the date of _____.

*PLEASE NOTE: IF THERE IS A MEDICAL NECESSITY FOR ADDITIONAL SICK DAYS BEFORE OR AFTER BIRTH, ADDITIONAL PHYSICIAN CERTIFICATION IS REQUIRED.

I am requesting to return to work on _____. (Date)

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___ I am requesting child-rearing leave (unpaid without benefits) from the date of _____ through the date of _____.

___ I am requesting to return to work on _____. (Date)

*PLEASE NOTE: IT IS THE EMPLOYEE’S RESPONSIBILITY TO FILE FOR FMLA USING THE BELOW LINK-

<https://www.myleavebenefits.nj.gov/labor/myleavebenefits/worker/maternity>

Employee Signature

Date

Please Note:

To be eligible for FMLA, an employee must be employed by Green Brook Township Public Schools for at least one year and have worked 1,250 hours in the prior year.

Under NJFLA, you may apply for Family Leave Insurance through the State of N.J. during the time you are on unpaid leave to bond with your newborn. The State will not issue any family leave insurance payments while you are receiving sick day pay or payments from any private disability company. To apply, please complete the FL-1 form, please contact Human Resources for the form. Please be sure to file these forms once you are no longer receiving any other compensation, or you may jeopardize your benefits. This form must be certified by a physician.