

Long Beach Public Schools

Office of Human Resources

Request for a Maternity Leave of Absence

I, \_\_\_\_\_ hereby request a maternity leave of absence for period  
beginning \_\_\_\_\_ and ending \_\_\_\_\_.  
*Date* *Date*

I understand that during this period of time, while I am temporarily disabled for maternity reasons, I will be allowed to utilize my sick leave. I will provide any necessary medical documentation from my physician before returning to work or when applying for a childcare leave of absence.

\_\_\_\_\_  
*Employee's Signature*

\_\_\_\_\_  
*Date*

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***(Please have your physician sign this portion of your leave request.)***

On the basis of my medical examination on \_\_\_\_\_ (date) I believe the above named individual to be temporarily disabled for maternity reasons and unable to perform her normal duties during the period of time indicated above. Long Beach Public Schools District may require a verification of the extent of disability through consultation with the employees' physician.

**Comments:**

\_\_\_\_\_  
*Signature of Physician*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name of Physician*