

CAMERON PARISH SCHOOL BOARD
Stephanie Rodrigue, Superintendent
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**REQUIREMENTS AND APPLICATION FOR
MATERNITY LEAVE / ADOPTIONS**

I. ELGIBILITY:

- The System shall grant leaves of absence to an employee for a reasonable time before and after childbirth or adoption. The granting of such leaves shall not affect any of the tenure rights or continuous service, which the employee may have acquired prior to the leave.

II. REQUIREMENTS:

- An applicant for maternity leave must select one of the three (3) plans denoted herein in order to receive maximum maternity leave benefits due to childbirth or adoption, and each applicant is encourage to conference with a supervisor of personnel in order to ensure the selection of the best plan of benefits for the present as well as the future.

III. PREFERENCE PLANS

PLAN A - Will be absent and have accrued sick leave to cover the entire leave period.

PLAN B - Leave Without Pay ONLY.

PLAN C - (*available for employees holding a Louisiana Teaching Certificate and bus drivers*) Will be absent and will exhaust all accrued sick leave and will use extended sick leave provision.

- Maternity leave / Adoption is treated as any other personal illness; therefore, a minimum of two (2) physician statements is needed to administer the leave effectively and provide the employee with maximum benefits.
 1. First Statement – This statement is due after six (6) consecutive absences, and should verify the beginning and ending dates of leave.
 2. Second Statement (2 copies) – These statements are due on or about six (6) weeks after the birth of the child, and should verify the date the physician releases the employee due to the leave relating to pregnancy or adoption.

**REQUIREMENTS AND APPLICATION FOR
MATERNITY LEAVE / ADOPTION**

PLEASE PRINT

Name of Applicant: _____

Applicant's Address: _____

Applicant's Social Security #: _____

Applicant's Home Phone No: _____

Applicant's Work Phone No: _____

Name of Applicant's School: _____

Applicant's Assignment: _____

Date Form was Completed: _____

Period of Leave Requested: _____

Expected Date of Delivery or Adoption: _____

Beginning Date of Leave: _____

Expected Date of Return: _____

Preference Plan Selected – A, B, or C: _____

Name of Physician: _____

Signature of Employee: _____

Employees who are expected a child are encouraged to notify their principal or department head and a supervisor of personnel as soon as possible in order to ensure the appropriate administration of the leave and maximum benefits for the present and future.

PLEASE USE THE ATTACHED PHYSICIAN FORMS

**STATEMENT NUMBER ONE
TO BE FILED AFTER SIX (6) CONSECUTIVE DAYS OF ABSENCE**

SUBMIT TO PAYROLL DEPARTMENT

Date _____

TO: Stephanie Rodrigue, Superintendent
Cameron Parish School Board

Use this portion in the case of pregnancy:

_____, an employee of the Cameron Parish School Board, is under my care for pregnancy. She is expected to be out until

_____.

(Date)

_____ M.D.

Use this portion in the case of adoption:

_____, an employee of the Cameron Parish School Board, has a newly adopted child. She is expected to be out until

_____.

(Date)

The baby was adopted on: _____.

(Date)

_____ M.D.

STATEMENT NUMBER TWO

**TO BE FILED SIX (6) WEEKS AFTER THE BIRTH OF CHILD
RELEASE TO RETURN TO WORK
SUBMIT TO PAYROLL DEPARTMENT**

Date: _____

TO: Stephanie Rodrigue, Superintendent
Cameron Parish School Board

_____, an employee of the Cameron Parish
School Board is hereby released from my care and should return to work on
_____.

The baby was born/adopted on _____.
(Date)

_____ M.D.

TO BE FILED SIX (6) WEEKS AFTER THE BIRTH OF CHILD

RELEASE TO RETURN TO WORK

SUBMIT TO THE SUPERINTENDENT

Date: _____

TO: Stephanie Rodrigue, Superintendent
Cameron Parish School Board

_____, an employee of the Cameron Parish
School Board is hereby released from my care and should return to work on

_____.

(Date)

The baby was born/adopted on _____.

(Date)

_____ M.D.