

<b>EMPLOYEE ID#</b>	<b>NAME (LAST, FIRST)</b>	<b>LOCATION:</b>	<input type="checkbox"/> CERTIFICATED <input type="checkbox"/> CLASSIFIED <input type="checkbox"/> FOOD SERVICES												
<table border="1" style="width:100%; height: 20px;"> <tr><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td></tr> </table>								<table border="1" style="width:100%; height: 20px;"> <tr><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td></tr> </table>							

<p style="text-align: center;"><b>ABSENCE DATES</b></p> <p>FROM DATE      TO DATE</p> <table style="width:100%; text-align: center;"> <tr><td style="width:50%;"><input style="width:80%;" type="text"/></td><td style="width:50%;"><input style="width:80%;" type="text"/></td></tr> </table> <p># OF DAYS    HOURS/DAY*    TOTAL HOURS</p> <table style="width:100%; text-align: center;"> <tr><td style="width:33%;"><input style="width:80%;" type="text"/></td><td style="width:33%;"><input style="width:80%;" type="text"/></td><td style="width:33%;"><input style="width:80%;" type="text"/></td></tr> </table> <p style="text-align: center;">*8 HOUR DAY = FULL TIME ASSIGNMENT</p>	<input style="width:80%;" type="text"/>	<input style="width:80%;" type="text"/>	<input style="width:80%;" type="text"/>	<input style="width:80%;" type="text"/>	<input style="width:80%;" type="text"/>	<p style="text-align: center;"><b>PHYSICIAN'S CERTIFICATION</b></p> <p>I CERTIFY THAT THE ABOVE NAMED PERSON WAS UNABLE TO WORK DURING THE SPECIFIED PERIOD</p> <hr/> <p>PHYSICIAN'S SIGNATURE      CA LICENSE NUMBER</p> <hr/> <p>I CERTIFY THAT THE INFORMATION STATED ON THIS CARD IS TRUE</p> <hr/> <p>EMPLOYEE'S SIGNATURE      DATE</p> <hr/> <p>APPROVAL SIGNATURE      DATE</p> <hr/> <p>TIMEKEEPER SIGNATURE      DATE ENTERED</p>	<p style="text-align: center;"><b>DATE OF CHILDBIRTH</b></p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p>COMMENTS:</p> <hr/> <hr/> <hr/> <hr/>
<input style="width:80%;" type="text"/>	<input style="width:80%;" type="text"/>						
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**GENERAL INSTRUCTIONS:**

**MATERNITY LEAVE:** Effective July 1, 2023, a unit member who has given birth and has been employed by the San Diego Unified School District for at least twelve (12) months shall be granted six (6) consecutive workweeks of paid leave immediately following the birth of child. This leave is not charged against a sick leave balance.

**Maternity Leave requires a physician's certification or other medical documentation that includes the date of birth.** Please attach the required documentation to this leave request.

Please refer to the appropriate collective bargaining agreement for specific information regarding available leave benefits.

**TIMEKEEPERS:**

Based on the table below, please report the absences in Time and Labor with the Time Reporting Code shown:

MATERNITY LEAVE	<b>MAT</b>
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**Do not send this card to the Payroll Department.** After reporting this leave into Time and Labor, this card must be filed at the site. Each site is responsible for maintaining their own absence forms.