

MONONGALIA COUNTY SCHOOLS

Extended Leave Request Form

(for Pregnancy, Childbirth, Adoptive Bonding or Infant Bonding)

EMPLOYEE INFORMATION

Last Name _____ First Name _____

Employee ID# _____ E-mail Address _____

Home Address _____

City _____ State _____ Zip Code _____

Phone number (____) _____

DEPARTMENT INFORMATION

School Name _____ Position _____

Expected Due Date _____

Approximate Dates of Maternity Leave:

Beginning _____ Ending** _____ PAID UNPAID

***Please include a script from your Doctor stating your due date.**

****If there is a change in your ending/return date, please contact the Mon.County HR office.**

304-291-9210 ext.1501 or 1535

SIGNATURES

Employee _____ Date _____

Monongalia HR Dept. _____ Date _____

FOR OFFICE USE ONLY

Date received by HR:

Board Approval Date: