



Newport-Mesa
Unified School District

FORM A
Request For Leave of Absence
Pregnancy Disability

To: Human Resources

From: _____
(Print Name) (Work Site)

(Position Including Grade Level if Applicable) (Phone Number)

(Home Address)

Absence due to pregnancy disability is treated as sick leave (i.e., paid leave) only when the employee is absent from work because of disability related to pregnancy or childbirth. Please indicate below the period to be considered absence from work because of disability related to pregnancy or childbirth. Only those days you designate as disability may be deducted from the employee's sick leave.

To Be Completed By Physician:

The above named patient will be absent from her duties, physically unable to provide service, due to medical disability related to pregnancy/childbirth beginning _____.

Alternatively: The patient is able to continue working until approximately _____ with the following restrictions: _____.

Her estimated date of delivery is _____.

Physician's name, address, and telephone number.
(Please type, print or stamp)

Physician's Signature

Date

****HUMAN RESOURCES USE ONLY****

Director, Human Resources or Designee

Date