

MATERNITY LEAVE REQUEST FORM

Please complete form to request leave(s) during the term to take care of your newly born baby (ies).

When completed, please submit to the Primary/Secondary Receptionist or Secretary, at least 6 months to the first day of the requested leave. The final approval will be given by the Head of School.

A copy of this form will be filed in your records.

NAME: _____

DEPARTMENT: _____ CLASS (ES) TAUGHT: _____

EXPECTED DATE OF DELIVERY: _____

EXPECTED RESUMING DATE: _____

P.S: Please note a copy of the birth certificate should be submitted to the HRM within the first month of maternity leave.

Your request for absence has been (Please tick)

a) Granted with pay

b) Granted without pay

c) Refused

Head of School/Principal (Signed): _____ Date: ____ / ____ / ____

Human Resource Manager (Signed): _____ Date: ____ / ____ / ____