

LASALLE/PUTNAM COUNTY EDUCATIONAL ALLIANCE FOR SPECIAL EDUCATION
1009 Boyce Memorial Drive, Ottawa, Illinois 61350
PHONE/TDD: 815-433-6433 / FAX: 815-433-6164 / EMAIL: lease@lease-sped.org

NOTIFICATION/REQUEST FOR SICK LEAVE
ASSOCIATED WITH THE BIRTH OF A CHILD

This is my notification to L.E.A.S.E. that I, _____ would like to utilize _____ days (up to 30) of my accumulated and available sick leave for time that I will need to be away from work related to the birth of my child.

I understand that this application must be submitted to the Director or the Director's designee at least ninety days prior to the anticipated birth of the child or as soon as pregnancy is ascertained, whichever is later.

1. A signed physician's statement is needed from the employee indicating:
 - a. the expected date of delivery;
 - b. the time period during which, in the doctor's opinion, the staff member may safely continue employment and perform all regular duties during the pregnancy.

If "Family and Medical Leave" is requested, the necessary form for physician certification will meet this sick leave request requirement.

During any portion of a sick leave for which any L.E.A.S.E. employee is not utilizing their accumulated sick leave days or approved "Family and Medical Leave", no fringe benefits will be provided by L.E.A.S.E.

In order to utilize any of the allowed sick days for days where no illness is verified by the physician's statement, application to utilize such days must be made to the director or the director's designee at least 90 days prior to the anticipated birth of the child or as soon as pregnancy is ascertained, whichever shall be later.

Every effort shall be made to have such leave terminate immediately prior to the start of the new school term.

I understand that the electronic submission of this form by e-mail is the equivalent to my signature.

Employee Signature

Date