

1. Pregnant employees should send a notification of pregnancy to the human resources office as soon as possible and preferably at least five (5) months prior to the expected date of delivery.
2. The assistant superintendent for human resources will schedule a conference with the pregnant employee when notification of pregnancy is received.
3. At said conference the assistant superintendent for human resources will provide the employee with Policy and Procedures for “Disability Due to Pregnancy” and “Disability Due to Pregnancy” Forms A and B (attached) at the above noted conference.
4. The employee will have these forms completed by her health care provider. The health care provider will send the forms directly to the assistant superintendent for human resources.
5. Returning to work will be governed by FMLA policy.

Adopted: November 5, 1979

Revised: November 8, 2010

DISABILITY DUE TO PREGNANCY

SICK LEAVE REQUEST FORM

TO: _____ (Attending Health Care Provider)

FROM: Assistant Superintendent for Human Resources,
GLENBROOK HIGH SCHOOLS

SUBJECT: Employee Absence Because of Maternity

RE: _____ (Employee)

Eligibility for disability absence and sick leave benefits for the above employee, as a result of pregnancy, are dependent upon her physical disability being such as to preclude her from performing her regular duties. In order to determine the beginning and ending dates of such disability period, we ask you to provide us with the following information concerning the above named employee:

- (1) The date beyond which she is physically unable to continue to perform her duties prior to delivery.
- (2) The date following delivery when she is physically able to resume her duties.

The dates requested are to determine the specific period of physical incapacity and should not include any potentially longer periods of time during which you might customarily prefer that your patients not work for reasons not related to physical incapacity.

Please convey these dates in writing as soon as they become known to you (forms attached). Please do not hesitate in contacting me if you desire additional clarification in this matter. The Glenbrook High Schools appreciate your cooperation. Thank you.

FORM A

(date)

Assistant Superintendent for Human Resources
Administration Building
THE GLENBROOK HIGH SCHOOLS
3801 W. Lake Avenue
Glenview, Illinois 60026

Director of Human Resources:

It is my professional judgement that _____ should stop
(employee)

working on _____ because of her physical inability to continue her assigned
(date)

duties.

Health Care Provider's Signature

Address

City State Zip Code

Telephone Number

FORM B

(date)

Assistant Superintendent for Human Resources
Administration Building
THE GLENBROOK HIGH SCHOOLS
3801 W. Lake Avenue
Glenview, Illinois 60026

Director of Human Resources:

It is my professional judgement that _____ will be able
(employee)

to resume her regular duties on _____.
(date)

Health Care Provider's Signature

Address

City State Zip Code

Telephone Number