Paternity Leave Letter for Board Approval

(letter must be provided no later than 120 days before the anticipated date of birth)

Date: _____

To: Mr. Michael Adams, Superintendent
Haddon Heights Board of Education

From: _____ Signature: _____

Attached please find a doctor's note confirming my wife's pregnancy and that the baby is due on _____

I am requesting to use the following days:

_____ # of Personal days Dates: _____

_____ # of Family Illness days Dates: _____

_____ # of Family Leave days Dates: _____
(FMLA allows up to 12 weeks including weekends and holidays)

_____ Return to Work Date: _____

During the family leave period you will receive **NO** pay from the Haddon Heights School District but health coverage will remain in effect. Should you choose to continue your health benefits through Haddon Heights Board of Education during your 12 week FMLA, the state-mandated health contribution is your responsibility. You may file for NJ family leave using the enclosed forms. Debbie Heller will complete Part D of this packet and mail it to you. You then complete the remaining forms and mail everything together directly to the state. Please refer to the Family Leave Insurance Website at http://lwd.dol.state.nj.us/labor/fli/fliindex.html for more information.

I agree to pay all applicable state-mandated health contributions to the Haddon Heights Board of Education while on FMLA. _____ (please initial)

Additional information: _____

_____

_____

I also understand that if I am a non-tenured teacher, my absence may not be extended beyond the end of the contract school year in which the leave is obtained.

For Office Use Only:

Prorated entitled days: Sick: _____ Personal: _____ Family Illness: _____
(subject to change)

Board Approval Date: _____ FT/PT: _____ Tenured/Non-Tenured: _____

Baby's Actual Birthdate: _____ Dr.'s note: _____ School: _____

Health Contribution Amount _____ per month _____ _____ _____ _____