



WILLIAMSON COUNTY SCHOOLS
MATERNITY/PATERNITY LEAVE

REVISION

(Employee Name – Print)

(Employee #)

(School/Department)

Position: _____ ; Full-Time Employee: ____ ; Part-Time Employee: ____

****Your leave information will be delivered to the primary email address on file with Human Resources. This email address will be how WCS communicates all leave information to you. This designation does not include information from the benefits department.****

Note 1: Please note that any unpaid time taken during a leave of absence can affect the following areas: Retirement, Benefits, year of experience credit, years of experience roll up.

Note 2: Please provide documentation for proof of birth. The mother's copy of the baby's birth certificate is sufficient.

Note 3: Remember to submit proof of birth to the benefits department at wcs.loa@wcs.edu if you need to add the baby to your health insurance.

Note 4: If you had a C-Section, please provide a note or documentation to confirm the C-section.

I delivered on: _____

Delivery was a C-section? No _____ Yes _____ (If yes, please provide supporting medical documentation)

REVISED Leave Dates: _____ - _____

Indicate and confirm below the number of paid and/or unpaid days/hours being requested:

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Sick Leave Days: _____

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Personal Leave Days: _____

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Local Leave Days: _____

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Vacation Leave Days: _____ (12 month employees only)

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Unpaid Leave Days (See Note 2 above): _____

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TN Paid Parental Leave Days: _____

I PLAN TO RETURN TO WORK ON: _____

Applicant's Signature: _____ ; Date: _____

SUBMIT TO LEAVES COORDINATOR FOR FURTHER PROCESSING at HRLeaves@wcs.edu

HR USE ONLY

Previous Leave Dates: _____ Previous Return Date: _____

Updated FMLA Dates: _____

Updated FMLA Ineligible Dates: _____

Notes: _____

Employee Relations Coordinator: _____ ; Date: _____