



# Cutler-Orosi Joint Unified School District

## FORM A

### Request for Leave of Absence - Pregnancy Disability

To: Personnel Department

From (Print Name): \_\_\_\_\_ Site: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

An employee's absence due to pregnancy disability may be treated as sick leave (i.e., paid leave) only when the employee is absent from work because of a temporary disability related to pregnancy or childbirth. Please indicate below the period which would be considered absence from work because of disability related to pregnancy or childbirth. Only those days you designate as disability may be deducted from the employee's sick leave.

#### To Be Completed By Physician

The above named patient will be absent from her duties, physically unable to provide service, due to medical disability related to pregnancy/childbirth beginning: \_\_\_\_\_.

Her estimated date of delivery is: \_\_\_\_\_.

Physician's name, address and telephone number:  
(Please type, print or stamp)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return to:

Personnel Department  
Cutler-Orosi Joint Unified School District  
12623 Avenue 416  
Orosi, California 93647 (559)528-4763

#### PERSONNEL OFFICE USE ONLY

Personnel Department: \_\_\_\_\_ Date: \_\_\_\_\_