

EGG HARBOR TOWNSHIP SCHOOL DISTRICT

13 Swift Drive
Egg Harbor Township, NJ 08234

CHILD REARING LEAVE REQUEST

Employees covered by the negotiated agreements between the Egg Harbor Township Board of Education and the EHT Education Association (EHTEA) and the EHT Principals' - Supervisors' Association (EHTPSA), please, refer to the EHTEA and the EHTPSA Collective Bargaining Agreements.

Name: _____

School: _____

Position: _____

Principal: _____

DATES OF LEAVE REQUESTED:

DATE OF DELIVERY/ADOPTION: _____

START DATE OF LEAVE OF ABSENCE: _____

DATE OF RETURN TO WORK: _____

INDICATE HOW MANY DAYS WILL BE USED: _____ SICK _____ PERSONAL _____ VACATION (IF AVAILABLE)

PLEASE PROVIDE A COPY OF BIRTH CERTIFICATE OR ADOPTION/FOSTER PAPERWORK WITH THIS LEAVE REQUEST

Medical, perscription and dental insurances will continue for a minimum period of three (3) months following the employee's last paid date: the employee is responsible to pay the District the Employee Benefit Contributions (EBC) which are regular payroll decuctions. After the ending date, benefits may be continued through COBRA at employee's full expense.

EMPLOYEE'S SIGNATURE

DATE

PRINCIPAL'S SIGNATURE

DATE

SUBMIT TO THE HUMAN RESOURCES AT LEAST 90 DAYS PRIOR TO THE START OF YOUR LEAVE

If you have any questions, please reach out to Christi McGowan in Human Resouces at extension 1026 or at mcgowanc@eht.k12.nj.us