

# Maternity Absence Plan

Name \_\_\_\_\_ Due Date \_\_\_\_\_

ID# \_\_\_\_\_ Department \_\_\_\_\_

Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Leave totals as of \_\_\_\_\_ Sick \_\_\_\_\_

Vacation \_\_\_\_\_

Floating Holiday \_\_\_\_\_

Calendar Holiday \_\_\_\_\_

\_\_\_\_\_ I have applied for Family Medical Leave

\_\_\_\_\_ I plan to apply for short term disability.

\_\_\_\_\_ I do not plan to apply for short term disability.

\_\_\_\_\_ I plan to take \_\_\_\_\_ weeks away from work during this maternity.

Allow 6 weeks of sick time for a normal delivery. Disability usually covers four weeks of disability after a 14 day waiting period. Disability pay is 60% of your base pay up to a maximum of \$1000 per week.

Create your absence plan. Sick time can be used for up to 6 weeks for a normal delivery. Vacation and floating holiday can be used at any time Dates can be completed later.

**Week 1:** From date \_\_\_\_\_ to date \_\_\_\_\_ use \_\_\_\_\_ for \_\_\_\_\_ hours.

Can use sick.

From date \_\_\_\_\_ to date \_\_\_\_\_ use \_\_\_\_\_ for \_\_\_\_\_ hours.

From date \_\_\_\_\_ to date \_\_\_\_\_ use \_\_\_\_\_ for \_\_\_\_\_ hours.

**Week 2:** From date \_\_\_\_\_ to date \_\_\_\_\_ use \_\_\_\_\_ for \_\_\_\_\_ hours.

Can use sick.

From date \_\_\_\_\_ to date \_\_\_\_\_ use \_\_\_\_\_ for \_\_\_\_\_ hours.

From date \_\_\_\_\_ to date \_\_\_\_\_ use \_\_\_\_\_ for \_\_\_\_\_ hours.

**Week 3:** From date \_\_\_\_\_ to date \_\_\_\_\_ use \_\_\_\_\_ for \_\_\_\_\_ hours.

Can use sick

or disability From date \_\_\_\_\_ to date \_\_\_\_\_ use \_\_\_\_\_ for \_\_\_\_\_ hours.

From date \_\_\_\_\_ to date \_\_\_\_\_ use \_\_\_\_\_ for \_\_\_\_\_ hours.

\_\_\_\_\_ I am applying for disability.

**Week 4:** From date \_\_\_\_\_ to date \_\_\_\_\_ use \_\_\_\_\_ for \_\_\_\_\_ hours.

Can use sick

or disability From date \_\_\_\_\_ to date \_\_\_\_\_ use \_\_\_\_\_ for \_\_\_\_\_ hours.

From date \_\_\_\_\_ to date \_\_\_\_\_ use \_\_\_\_\_ for \_\_\_\_\_ hours.

\_\_\_\_\_ I am applying for disability.

**Week 5:** From date \_\_\_\_\_ to date \_\_\_\_\_ use \_\_\_\_\_ for \_\_\_\_\_ hours.

Can use sick

or disability From date \_\_\_\_\_ to date \_\_\_\_\_ use \_\_\_\_\_ for \_\_\_\_\_ hours.

From date \_\_\_\_\_ to date \_\_\_\_\_ use \_\_\_\_\_ for \_\_\_\_\_ hours.

\_\_\_\_\_ I am applying for disability.

**Week 6:** From date \_\_\_\_\_ to date \_\_\_\_\_ use \_\_\_\_\_ for \_\_\_\_\_ hours.

Can use sick

or disability From date \_\_\_\_\_ to date \_\_\_\_\_ use \_\_\_\_\_ for \_\_\_\_\_ hours.

From date \_\_\_\_\_ to date \_\_\_\_\_ use \_\_\_\_\_ for \_\_\_\_\_ hours.

\_\_\_\_\_ I am applying for disability.

**Week 7:** From date \_\_\_\_\_ to date \_\_\_\_\_ use \_\_\_\_\_ for \_\_\_\_\_ hours.

Can use sick

if doctor's From date \_\_\_\_\_ to date \_\_\_\_\_ use \_\_\_\_\_ for \_\_\_\_\_ hours.  
orders.

From date \_\_\_\_\_ to date \_\_\_\_\_ use \_\_\_\_\_ for \_\_\_\_\_ hours.

**Week 8:** From date \_\_\_\_\_ to date \_\_\_\_\_ use \_\_\_\_\_ for \_\_\_\_\_ hours.

Can use sick

if doctor's From date \_\_\_\_\_ to date \_\_\_\_\_ use \_\_\_\_\_ for \_\_\_\_\_ hours.  
orders.

From date \_\_\_\_\_ to date \_\_\_\_\_ use \_\_\_\_\_ for \_\_\_\_\_ hours.

**Week 9:** From date \_\_\_\_\_ to date \_\_\_\_\_ use \_\_\_\_\_ for \_\_\_\_\_ hours.

Can use sick

if doctor's From date \_\_\_\_\_ to date \_\_\_\_\_ use \_\_\_\_\_ for \_\_\_\_\_ hours.  
orders.

From date \_\_\_\_\_ to date \_\_\_\_\_ use \_\_\_\_\_ for \_\_\_\_\_ hours.

**Week 10:** From date \_\_\_\_\_ to date \_\_\_\_\_ use \_\_\_\_\_ for \_\_\_\_\_ hours.

Can use sick

if doctor's orders. From date \_\_\_\_\_ to date \_\_\_\_\_ use \_\_\_\_\_ for \_\_\_\_\_ hours.

From date \_\_\_\_\_ to date \_\_\_\_\_ use \_\_\_\_\_ for \_\_\_\_\_ hours.

**Week 11:** From date \_\_\_\_\_ to date \_\_\_\_\_ use \_\_\_\_\_ for \_\_\_\_\_ hours.

Can use sick

if doctor's orders. From date \_\_\_\_\_ to date \_\_\_\_\_ use \_\_\_\_\_ for \_\_\_\_\_ hours.

From date \_\_\_\_\_ to date \_\_\_\_\_ use \_\_\_\_\_ for \_\_\_\_\_ hours.

**Week 12:** From date \_\_\_\_\_ to date \_\_\_\_\_ use \_\_\_\_\_ for \_\_\_\_\_ hours.

Can use sick

if doctor's orders. From date \_\_\_\_\_ to date \_\_\_\_\_ use \_\_\_\_\_ for \_\_\_\_\_ hours.

From date \_\_\_\_\_ to date \_\_\_\_\_ use \_\_\_\_\_ for \_\_\_\_\_ hours.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copies for Employee, Department, Human Resources, and Payroll.

Remember to enroll your baby in a medical plan within 30 days from his/her birth. A Mother's Room (L.130) is available for your convenience. You may check out a key from Human Resources.

Warmest congratulations!!!