

CHARLTON COUNTY SCHOOLS
TEACHER'S NOTICE OF PREGNANCY

I wish to officially notify the Charlton County Board of Education that I am pregnant and expect delivery on the approximate date of:

In the event that this is the correct date of expected delivery, I wish to continue teaching until _____ .

My doctor is _____ of _____
Name Address

I will request that he/she notify you of the expected delivery date and other requirements which are included under our maternity policy.

I understand that if I should request to continue employment within four weeks of anticipated date of delivery, I must, under Board policy, submit an authorized statement from my physician at the beginning of each week verifying that I am physically capable of performing my duties without restrictions.

I also understand that the Board reserves the right to conduct a hearing at which time evidence will be heard and a decision rendered on the evidence as to whether or not I should be required to take leave prior to the date stated in my physician's statement.

Following delivery of my child, I (do – do not) wish to be considered for re-employment on the approximate date of _____ .

I understand that I will not be eligible for re-employment until I turn in to the Board a statement from my physician that I am physically fit for full-time employment.

Signed: _____ Date: _____
Employee

I certify that the above-named employee advised me on _____ that
Date
she was pregnant and in my judgment has lived by Board policy to date.

Signed: _____ Date: _____
Principal