

Memorandum #75

TO: PHYSICAL AND OCCUPATIONAL THERAPISTS EMPLOYED BY
THE NEW YORK CITY DEPARTMENT OF EDUCATION

FROM: Helen Kaufman
Administrative Assistant Superintendent – Clinical and Support Services
Office of Citywide Programs/ District 75

SUBJECT: MATERNITY LEAVE REQUEST

Please mail your request, signed by your principle/onsite supervisor, to your clinic supervisor.

Directions: If you are requesting a maternity leave of absence, please mail your request into your clinical supervisor at least thirty (30) days prior to your last day. Be sure to include your last day of work and your anticipated date of return. You will also need a copy of a physician's prescription stating your estimated date of delivery. This form will be signed and returned to you. Your payroll secretary must file a 9902 with your payroll secretary to be sure that you are placed in MLOA/LOA status. (SLOAC is filed with your payroll secretary and Disability with Health and Welfare/Union).
Mail your request to: Office of Clinical and Support Services
400 First Avenue – Room 557
New York, NY 10010
Attention to your clinical supervisor
Or FAX to (917) 256-4269

Name: _____ Discipline: _____

School: _____ School Address: _____

Telephone: Work: _____

Home: _____

Starting Date _____ Anticipated Return Date _____

Therapist Signature: _____

Principal Signature: _____

Clinical Supervisor Signature: _____