



HUMAN RESOURCES DEPARTMENT

# MATERNITY LEAVE REQUEST

## Part I - Maternity Leave Request

Thru - Employee's Immediate Supervisor:
To: Human Resources (Employee Relations/Attention: Absence Management Specialist)

I wish to be granted Maternity Leave with full pay for the six week period indicated in Part II.

Employee's Name:	
WFU ID Number:	Department:
Home Address:	
Home Phone:	Campus Phone:
Physician's Name:	Physician's Phone:
Employee's Signature:	Date:

## Part II - Physician's Certification

To: Attending Physician

Under the policy of my employer, Wake Forest University, an employee is eligible for six weeks of paid maternity leave to allow for health recovery and family adjustment associated with pregnancy, termination of the pregnancy, and childbirth. Please furnish the information below:

Expected date of delivery:	
I recommend she not continue work after (date):	
Comments (if any):	
Physician's Signature:	Date:
Physician's Address:	

## Part III - Human Resources Department Action

Request Approved:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date