## **WTA Member Notification of Pregnancy Form**

Name	: Building:
	oregnant. My anticipated due date is I have attached a note from my containing my due date.
Assun	ning there are no complications, my intention is to:
	Return to work when I am medically cleared (anticipated 6-8 weeks depending on type of birth.)
	Use FMLA time to take unpaid leave after I am medically cleared to return to work. I understand the FMLA time will begin when I stop working and continue for up to 12 weeks My anticipated return date is approximately  □ Once I am medically cleared to work, I would like to participate in the following activities while on FMLA leave (ex. coaching, professional development):
	☐ I do not wish to participate in any district activities while on leave.
	Take a child care leave after I am medically cleared to return to work. I will use sick days until I am medically cleared and FMLA time until the end of the 12 weeks. I will then take child care leave. I plan to return to work (This date is usually the beginning of a semester or the beginning of a school year.)  □ Once I am medically cleared to work, I would like to participate in the following activities while on child care leave (ex. coaching, professional development):
	☐ I do not wish to participate in any district activities while on leave.
	I understand I am <u>not</u> eligible for FMLA, and I will take a child care leave after I am medically cleared to return to work. I will use sick days until I am medically cleared and then take unpaid child care leave. I plan to return to work (This date is usually the beginning of a semester or the beginning of a school year.)  □ Once I am medically cleared to work, I would like to participate in the following activities while on child care leave (ex. coaching, professional development):
	☐ I do not wish to participate in any district activities while on leave.
Signat	nire. Date: