EDR 10

MINISTRY OF EDUCATION APPLICATION FOR MATERNITY LEAVE ED. RULES 79 (7), S.I. 87 of 2012

Application form must be completed in **<u>DUPLICATE</u>** and submitted to the Managing Authority, through the Principal, no less than eight weeks before leave is expected to begin.

<u>Procedures:</u>		A. APPLICANT'S BIOGRAPHICAL DATA										
1.	Submission of	1.	LICENCE	NO.								
	completed form and	2.	NAME									
	supporting								İ			
	documents to				Last Name	?	First Name		Middle Name			
	Principal.	3.	PRESENT	T POST								
2.	Principal forwards	4.	SCHOOL									
	application to											
	Managing Authority.	5.	DISTRICT									
3.	Managing Authority											
	verifies particulars	6.	MANAG	ING								
	and forwards		AUTHOR									
	application to	7.		SECURITY								
	Commission.	NO.										
4.	Commission determines pay		B. PROFESSIONAL STATUS: In respect of teachers, tick as appropriate.									
			8.									
	schedule for leave period vide Rule 79	9.	Employed for <i>less</i> than 150 days prior to date of confinement									
	(2), (3) & (4) and		Date of Employment:									
	approves								Υ			
	replacement teacher						141	'				
	as may be necessary.								<u>-</u>			
5.	Managing Authority,	C. Current Salary Rate										
	Teacher/staff											
	member, and	10	10. Pay Scale:				Annual Salary:					
	principal notified of	ray Sca	ue.									
	particulars of (4)											
	above.											
										J		
Verification of Details:												
Details are accurate												
Principal:												
☐ Yes ☐ No												
Managing Authority												
	Yes □ No											
						•						
									İ			
	Signature of Applicant							D	M	Y		

	11. Medical Certification of Expected Confinement										
To be completed by Registered Medical Practitioner only.	To: Mrs. Miss Ms (Full Name)										
PLACE STAMP HERE	I certify that I have examined you today and that in my opinion you are										
	pregnant and should be confined on (Date)										
	Name (print)										
	District										
	Signature					D		M	Y		
PRINCIPAL	FOR OFFICE USE										
I M. CATAL	Application Received:			By:							
		D	M	Y		Signature					
	During the period of maternity leave a replacement teacher / staff member										
			W	ll be nee	ded From: To:						
	Si	gnature					D		M	Y	
MANAGING <u>AUTHORITY</u>	Application Received: By:										
	Application Received.	By:			S	Signature					
	Submitted to Commission (TSC) By:										
	D M Y						Signature				
TEACHING SERVICE COMMISSION	Application Received: D M Y										
Verification of Details	Signature										
	Leave Granted as follows:										
	Leave with full pay for fourteen (14)						4) weeks				
	☐ Leave without pay										
	Replacement teacher / staff member	☐ Will be From: provided					:	To:			
	Applicant and Principal notifie						I)	M	Y	
	Copy of application form forwarded to Managing Authority										
							I)	M	Y	
Signature							I)	M	Y	