

# Central Massachusetts Collaborative

Central Office  
14 New Bond Street  
Worcester, MA 01606  
Telephone (508) 538-9100  
Fax (508) 854-1689

Dr. Susan Farrell, Executive Director  
Beverly Tefft, Finance Director  
[www.cmasscollaborative.org](http://www.cmasscollaborative.org)

## MATERNITY LEAVE NOTIFICATION FORM

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
School/Program

\_\_\_\_\_  
Current Assignment

I would like to inform you that I intend to take \_\_\_\_\_ weeks of maternity leave beginning on the day of my child's birth.

The anticipated birth date is \_\_\_\_\_.

The anticipated return date is \_\_\_\_\_.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date of Request

### For CMC Use Only:

FMLA Forms Sent to Employee: \_\_\_\_\_

Received: \_\_\_\_\_

Actual Birth Date: \_\_\_\_\_

Date of Return: \_\_\_\_\_