



Medical / Maternity Leave Form

Section I: To Be Completed by Parent

I, _____ have been informed of the following in regards to my medical / maternity leave:

1. My children who are currently enrolled with the Early Learning Coalition of Alachua County will have authorization to attend child care while I am on medical or maternity leave *unless* I request a suspension of my child care services during that time. If a suspension is requested, I understand that my eligibility will remain active but child enrollments will be placed on hold until I return to work and their last day in care should be the last day I worked.
2. I understand that I am allowed a maximum of 3 months of child care services while on leave from work before potentially affecting my eligibility.
3. I must schedule an appointment, Monday-Thursday between the hours of 8:00am-4:00pm with the Early Learning Coalition of Alachua County to show proof of employment and/or education before my children may return to child care.
4. If my funding for services is BG8 and I complete a waitlist application, the baby will be placed on the waiting list for services. If I am funded Work Force, DCF or any other partnering agencies, I will need to obtain a new referral with the baby's name included.
5. I understand that I am required to submit proper documentation from my Physician to verify the dates of my medical maternity leave.

I acknowledge my responsibility to report to the Early Learning Coalition of Alachua County with the required documentation. I understand that if I do not comply with this process enrollment status will be reevaluated. I understand all information on this page and am signing this document of my own free will to continue services with the Early Learning Coalition of Alachua County.

Parent/Caregiver Signature

Date

ELC Staff Signature

Date

Section II: To Be Completed by Employer Only:

Employee Name: _____ Last 4 SSN: _____

Company Name: _____ Phone No: _____

Last Day of Work before Leave: _____ Is the leave () permanent? () temporary?

Name of person completing form: _____ Job Title: _____

Signature _____ Date: _____