

Harvard T.H. Chan School of Public Health  
Office of Faculty Affairs

MATERNITY LEAVE FORM

Research Scientists, Research Associates, Instructors and Visiting Scientists

EMPLOYEE INFORMATION

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Harvard I.D. # \_\_\_\_\_ Email address \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home telephone:

DEPARTMENT INFORMATION

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Department name \_\_\_\_\_ Appointment title \_\_\_\_\_

Last date worked \_\_\_\_\_ Baby's birth date \_\_\_\_\_

Maternity leave dates:

Maximum 8 weeks of medical leave from \_\_\_\_\_ to \_\_\_\_\_

Maximum 12 weeks of bonding leave from \_\_\_\_\_ to \_\_\_\_\_

Will bonding leave be taken intermittently? If so, outline schedule:

SIGNATURES

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Appointee  Date

Department Administrator  Date

**Please Note:** By signing this document, I certify that personal and vacation time has been verified, and have confirmed the allow-ability of the costing.