

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

MATERNITY LEAVE FORM

For Research Scientists, Research Associates, Instructors, and Visiting Scientists

EMPLOYEE INFORMATION

Last Name _____ First Name _____

Harvard I.D. # _____ Email address _____

Home Address _____

City _____ State _____ Zip Code _____

Home telephone:

Years of Harvard employment:

Less than 7 years More than 7 years

DEPARTMENT INFORMATION

Department name _____ Appointment title _____

Last date worked _____ Baby's birth date _____

Maternity leave dates:

Maximum 12 weeks of maternity leave from to paid at 100% paid at 75%

Will appointee supplement leave pay? (for leave paid at 75%) yes no

If yes, how will the employee cover the supplement? vacation days number: _____
 personal days number: _____

One week of personal time from to

Return from leave date

SIGNATURES

Appointee Date

Department Administrator Date

Faculty Affairs Date