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 _____

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.

Faculty Affairs _____ Date _____