



# Washington Teachers' Union

***Amplifying the Voice of DC Teachers***

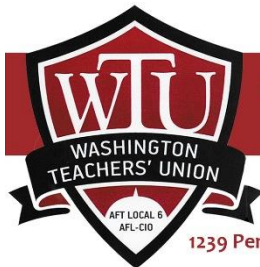
Elizabeth A. Davis, President

1239 Pennsylvania Avenue, S.E. Washington, D.C. 20003 • 202.517.1477 • [www.wtulocal6.org](http://www.wtulocal6.org)

## **MATERNITY/PATERNITY LEAVE BANK APPLICATION INSTRUCTIONS & IMPORTANT STEPS FOR APPLICANTS:**

- Must submit an electronic FMLA application directly to DCPS for approval.
- Must complete a WTU Maternity/Paternity Leave Bank application and attach an electronic copy of the approved FMLA letter from DCPS.
- Must be enrolled in the Maternity/Paternity Leave Bank for at least three (3) months prior to your application being submitted. (Must have selected the Maternity/Paternity Leave Bank during the WTU Dental and Vision Open Enrollment in August of every school year via the online WTU Bswift benefits website).
- Must have donated one day of your annual 12 days of Maternity/Paternity leave granted each year into the Maternity/Paternity Leave Bank via DCPS payroll deduction.
- Must request to take Maternity/Paternity Leave during the school year and not during holiday and/or summer breaks.
- Must submit a doctor's notice on letterhead specifying the time needed for recovery.
- Must have a signed approval by your physician/doctor on the WTU application and FMLA form.
- The dates requested cannot exceed the approved dates granted by DCPS.
- Must email completed leave application to: [benefits@wtulocal6.net](mailto:benefits@wtulocal6.net) or mail to: WTU Membership Services Department  
1239 Pennsylvania Avenue, SE  
Washington, D.C. 20003

**NORMAL PROCESSING TIME: 15 BUSINESS DAYS.**



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## Maternity/Paternity Leave Bank Application

### 1 – THIS SECTION TO BE COMPLETED BY APPLICANT

First Name \_\_\_\_\_ M/ I: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ SSN: \_\_\_\_\_ DCPS ID: \_\_\_\_\_

Email Address: \_\_\_\_\_

Attending Physician/Doctor and phone: \_\_\_\_\_

School: \_\_\_\_\_ Years of service at DCPS: \_\_\_\_\_

I request a grant of \_\_\_\_\_ days from the Maternity/Paternity Leave Bank. (You MUST request no less than 5 days)

Leave Start Date: \_\_\_\_\_ Leave End Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 2 – THIS SECTION TO BE COMPLETED BY PHYSICIAN/ADOPTION AGENCY

Duration of Time Needed for Recovery:: \_\_\_\_\_ Physician Phone Number: \_\_\_\_\_

Physician/Doctor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 3 – THIS SECTION TO BE COMPLETED BY LEAVE BANK ADMINISTRATOR

Current Request: \_\_\_\_\_ APPROVED \_\_\_\_\_ DISAPPROVED \

Leave Start Date: \_\_\_\_\_ Leave End Date: \_\_\_\_\_

Disapproved Reason: \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_