

**Epping School District/SAU # 14  
213 Main Street  
Epping, NH 03042**

**Maternity/Paternity Leave Form**

**I, \_\_\_\_\_, am going on  
(Name)**

**Maternity/Paternity Leave from \_\_\_\_\_ to  
(mm/dd/yy)**

**\_\_\_\_\_ and I realize that this is subject  
(mm/dd/yy)**

**to the Family and Medical Leave Act (FMLA) and the**

**Epping Teachers'/Paraprofessional's Agreement.**

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Date**