

**University of Southern California**  
Workers' Compensation/Disability Office  
Hazel Stanley Hall, Suite 300  
Los Angeles, CA 90089-1058  
Office: (213) 740-5875  
Fax: (213) 740-7305

**EMPLOYEES ENROLLED IN THE UNIVERSITY PLAN ONLY!!**

The State of California maternity leave guidelines are 4 weeks pre-delivery and 6 weeks post delivery. USC also uses a 10-week guideline. However, our guidelines for a *normal pregnancy* are that the maternity leave cannot begin more than 2 weeks pre-delivery and no later than the date of delivery. For instance, the employee may request the full 10-week disability benefit period to start from the date of delivery or two weeks pre-delivery and eight weeks post-delivery. These are guidelines only. Medical certification is required for any paid maternity leave. All disabilities have a 7 day waiting period. This 7 day waiting period is included in, not in addition, to the 10 week disability leave. (Note: You may have additional rights and responsibilities under the Family Care Leave Policy of the University. For information call Personnel Services, Administration Policies and Procedures, Phone No. (213) 821-8111.

**MATERNITY DISABILITY REQUEST**

*Use this form for normal pregnancy only.*

*For complicated pregnancy, call Sedgwick CMS (formerly known as VPA) to file a claim.*

I, \_\_\_\_\_, Employee No. \_\_\_\_\_, hereby request my maternity disability benefit period to commence on: \_\_\_\_\_. My expected date of delivery or expected date of hospital confinement is: \_\_\_\_\_. I understand that I will receive a total of ten (10) weeks of maternity disability benefits if medically certified.

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

Department: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**RETURN TO THE DISABILITY OFFICE PRIOR TO GOING ON DISABILITY**

For Disability Use Only: FDB \_\_\_\_\_ LDB \_\_\_\_\_ RTW \_\_\_\_\_