

Oklahoma State Department of Education
Instructions for Reimbursement Application for Maternity Leave
Title 70 O.S. Section 6-104.8

Resources

Beginning with FY 2024, the Oklahoma Legislature shall appropriate funding for the **Public School Paid Maternity Leave Revolving Fund** for the purpose of reimbursing school districts for providing the paid maternity leave to eligible school district employees. The State Board of Education is permitted to promulgate rules regarding this program.

Program Purpose

The purpose of the Paid Maternity Leave program is to reimburse the public school districts for all eligible staff who receive the leave benefit and not be deprived of any compensation or other benefits to which the employee is entitled.

Expenditure Reporting

The public school district shall provide to their eligible staff six (6) weeks of paid maternity leave. After the leave is fulfilled, the public school district will complete the **Reimbursement Application for Maternity Leave** and submit to the Office of State Aid, Oklahoma State Department of Education.

The application will be verified and if approved, the Office of State Aid will reimburse the district for the total six (6) week cost of the paid maternity leave. This reimbursement is expected to occur during the next scheduled monthly payment.

Reimbursement Application Requirements

The Reimbursement Application will require the following:

- County and District code and name
- Email, phone, and name of person completing the form
- Employee name and Date of Birth for Child – to identify the start of the Public School Paid Maternity Leave benefit (Include a copy of current year contract)
- Position and Teacher Number if applicable
- Check “yes” or “no” if employed in a full-time compacity
- Check “yes” or “no” if employed for at least one year
- Check “yes” or “no” if worked for at least 1,250 hours during the past 12 months
- List employee’s prior year base salary
- List the weekly employee Salary and Benefits (If applicable)
 - Base Salary
 - Teacher Retirement (Employee Share)
 - FICA (Employee Share)
 - State Paid Health Benefit:

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- Flexible Benefit Allowance (FBA) for Health Insurance
- OR
- In Lieu of Flexible Benefit Allowance for Taxable Compensation
 - Dental Insurance (Employee Only; Do not include spouse/family)
 - Vision Insurance (Employee Only; Do not include spouse/family)
 - 401(K) Contribution
- Other – Please insert on the form any additional weekly salary and/or benefit breakout
- Insert the number of weeks paid Maternity Leave (excluding holidays/breaks) to multiply by the Total Weekly Compensation and Benefits for Total Individual Reimbursement for Maternity Leave.

District Certification

The district superintendent shall sign and date to certify all information on the form is complete and accurate. The public school district shall maintain a copy of all information for submission to the Office of State Aid if requested.

Reimbursement to Public School Districts

Once public school district's Reimbursement Application is processed through the State Aid Management System (SAMS), the district will follow the steps below:

- Receive a Notice of Application approval that is emailed to the district superintendent and the email provided on the application.
- Locate in SAMS' District View – Code 08 - Public School Paid Maternity Leave **Allocation** and **Payment Notices** posted to Single Sign On application.
 - Source of Revenue Code – 3437
 - Project Reporting Code – 377