

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

The purpose of the Paid Maternity Leave program is to reimburse the 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 district shall provide to their eligible staff a maximum of thirty (30) days/six (6) weeks of paid maternity leave. After the leave is fulfilled, the district will complete and submit the **Reimbursement Application for Maternity Leave** located in the State Aid Management System (SAMS) application in [Single Sign On \(SSO\)](#).

### **Reimbursement Application Requirements**

Maternity Leave Forms: Pick the fiscal year where maternity leave was provided. If the maternity leave crosses the end of the fiscal year, submit in the fiscal year when the maternity leave is complete.

The Reimbursement Application requires the following:

**1. Submission Details:**

- County and District code and name
- Name, title, email, phone and possible extension of person completing the form

**2. Employee Information:**

- Employee name and Date of Birth for Child – to identify the start of the Paid Maternity Leave benefit
- Position and Teacher Number if certified
- Position and Employee's Date of Birth if support

**3. Eligibility:** The following are three (3) statutory requirements to be eligible for the state paid benefit.

- Check "yes" or "no" if employed in a full-time capacity
- Check "yes" or "no" if employed with current district for at least one year
- Check "yes" or "no" if worked for at least 1,250 hours during the past 12 months

**4. Employee's Yearly Salary Info:**

- Days on Yearly Contract
- Employee's Current Year Base Salary (for the applicable year)
  - Oklahoma Cost Accounting System (OCAS) Object Code 110 - Regular Certified Salaries, or
  - OCAS Object Code 120 - Regular Noncertified (Support) Salaries
  - **LESS Federal Funds- include any federal dollars being applied to Employee's Current Year Base Salary**
- Annual Stipends / Extra Duty
  - OCAS Object Code 170 – Stipends Certified and
  - OCAS Object Code 192 – Extra Duty / Addenda Certified

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OR

- OCAS Object Code 180 – Stipends Noncertified (Support)
- OCAS Object Code 193 – Extra Duty / Addenda Noncertified (Support)
- **LESS Federal Funds-include any federal dollars being applied to Annual Stipends or Extra Duty**
- Teacher Retirement Contribution: Employee’s share paid by the district as a benefit on behalf of the employee.
  - OCAS Object Code 251 – District-Paid Certified
  - OCAS Object Code 261 – District-Paid Noncertified (Support)
  - **LESS Federal Funds-include any federal dollars being applied to Teacher Retirement Contribution.**
- **Beginning in FY2026, Maternity Leave applications will be verified through School Personnel (SPR). The data entered into the application must match the SPR data. You no longer need to upload a copy of the contract.**
- Upload a copy of the **district personnel calendar for the appropriate position of employee.**

5. **Plus, District Provided Benefits:** Employee’s share paid by the district as a benefit on behalf of the employee. **LESS Federal Funds-include any federal dollars being applied to district provide benefits.**

- OCAS Object Code 212 – Dental Insurance Certified
- OCAS Object Code 213 – Health and Accident Insurance Certified
- OCAS Object Code 214 – Life Insurance Certified
- OCAS Object Code 215 – Long-Term Disability Insurance Certified
- OCAS Object Code 216 – Cancer Insurance Certified
- OCAS Object Code 217 – Salary Protection Certified
- OCAS Object Code 218 – Vision Insurance Certified
- OCAS Object Code 219 – Death Benefit Insurance Certified

OR

- OCAS Object Code 222 – Dental Insurance Noncertified (Support)
- OCAS Object Code 223 – Health and Accident Insurance Noncertified (Support)
- OCAS Object Code 224 – Life Insurance Noncertified (Support)
- OCAS Object Code 225 – Long-Term Disability Insurance Noncertified (Support)
- OCAS Object Code 226 – Cancer Insurance Noncertified (Support)
- OCAS Object Code 227 – Salary Protection Noncertified (Support)
- OCAS Object Code 228 – Vision Insurance Noncertified (Support)
- OCAS Object Code 229 – Death Benefit Insurance Noncertified (Support)

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**6. Total Employee Compensation and Benefits based on previous data entered:**

- Auto Calculates - Total Employee Compensation and Benefits **LESS Federal Funds**
- Auto Calculates – Daily Rate of Pay (Total Comp. & Benefits divided by Contract Days)
- Enter the Number of Contract Days during Maternity Leave (Less Holidays & Breaks)
  - Maximum of thirty (30) days/six (6) Weeks less Holidays & Breaks **Ex: 30 days less 5 days for Thanksgiving Break = 25**
- Auto Calculates – Total Individual Reimbursement for Maternity Leave

**District Certification**

The district employee who completes the form shall check the box at the end of the form to certify all information on the form is complete and accurate.

The district may check **SAVE** to retain entered data and check **SUBMIT** when the application is complete.

**Reimbursement to Public School Districts**

The application will be verified and if finalized, the Office of State Aid will allocate and reimburse the district for up to thirty (30) days/six (6) weeks of cost for the paid maternity leave.

Once district's Reimbursement Application for Maternity Leave has been processed through the State Aid Management System (SAMS), the district will receive a Notice of Allocation and a Notice of Payment through the SAMS system.