

SAMPLE LETTER TO REQUEST MATERNITY LEAVE

The following letter is a sample only. It should be accompanied by the physician's statement verifying pregnancy and establishing the expected due date of birth. This letter should be sent to:

- | | |
|--------------------|-----------------|
| 1. Superintendent | Original |
| 2. Board secretary | Copy (optional) |
| 3. Principal | Copy (optional) |
| 4. Teacher | Keep a copy |
-

SAMPLE

Date

Dr./Mr./Mrs./Ms. _____ :

Address

City, State Zip

Dear Dr./Mr./Mrs./Ms. _____ :

Enclosed is a statement from my physician verifying pregnancy and stating the approximate due date of birth.

I am requesting a Childbirth Disability Leave of Absence to commence on or about _____. I intend to use _____ days of my accumulated sick days which will establish the date of _____ as terminating my disability leave of absence.

Following the completion of my maternity/disability leave, I wish to be placed on an unpaid leave of absence in accordance with the New Jersey Family Leave Act. This leave will commence on _____ and end on _____. I intend to apply to the State of New Jersey for Family Leave Insurance Benefits for the maximum time period available under that law. I will submit the necessary forms for your completion within the time prescribed by the law. At the end of my statutory family leave, I wish to continue the Child Rearing leave in accordance with our contract beginning on _____. Proper notification verifying my intent to return will be provided. (or if the return date is known: It is my intention to return to my employment on _____.)

May I please receive written notification from the Board of Education granting this leave.

Sincerely,

Name typed

Enclosure (physician's statement)

cc: as determined