

Date

Recipient

Subject: **Notice of maternity leave (case ineligible for QPIP/RQAP or EI)**

Dear Sir or Madam:

In conformity with clause 5-13.17, please consider this a request for a 20-week maternity leave as foreseen in clause 5-13.06.

In conformity with clause 5-13.10, I wish to take my leave from \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_ inclusively.

Within the 20 weeks, I request that the 12-week compensation be paid from \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_ inclusively.

Attached you will find a medical certificate (or a written report signed by a midwife) confirming my pregnancy and giving the foreseen (or actual) date of birth of my child.

I also wish to continue to participate in the insurance plans for which I am eligible, all in conformity with clause 5-13.22.

Furthermore, please prepare an employment statement directed to QPIP (RQAP) at the end of the 12-week compensation period.

Name

Mailing Address

c.c. : Local Union