Date (Month-Day-Year)

Recipient

Human Resources Department

Address of your school board

**Distribution of leave for the second year (option c)**

Dear Sir or Madam:

In conformity with clause 5-13.65, this is notification that the timing of my leave without salary for the second year will be as follows:

From \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_, I will not be working or

I will be working

From \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_, I will not be working or

I will be working

I also wish to continue to participate in the insurance plans for which I am eligible and to pay the full cost of premiums in conformity with clause 5-13.69.

Best regards,

Signature

Name

Address

c. c. : Local Union