Date (Month-Day-Year)

Recipient

Human Resources Department

Address of your school board

**Notice of 21-week maternity leave**

Dear Sir or Madam:

In conformity with clause 5-13.17, please consider this request for a 21-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. 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.

I wish to apply to QPIP for the basic/special benefit plan.

Best regards,

Signature

Name

Address

c. c. : Local Union