Date (Month-Day-Year)

Recipient

Human Resources Department

Address of your school board

Notice of leave without salary to extend a maternity, paternity or adoption leave (option a)

Dear Sir or Madam:

In conformity with clauses 5-13.60 a) and 5-13.65, this is to inform you that I will be taking an unpaid full-time leave to extend my maternity, paternity or adoption leave from \_\_\_\_\_\_\_\_\_\_\_\_\_\_, continuing as follows:

(whichever the case) :

– until the end of the present school year;

or

– for the entire school year 20\_\_ – 20\_\_.

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