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 and distribution of the leave for the first year (option c)

Dear Sir or Madam:

In conformity with clause 5-13.65, this is notification of a leave without salary for part of a year, as foreseen in clause 5-13.60 c), to extend my maternity, paternity or adoption leave from \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_.

Furthermore, the partition of the first year of my leave 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