Date (Month-Day-Year)

Recipient

Human Resources Department

Address of your school board

**Notice of part-time leave without salary to extend a maternity, paternity or adoption leave for the first or second complete school year (option d)**

Dear Sir or Madam:

In conformity with clause 5-13.66, please consider this a notice of leave according to clause 5-13.60 d), to extend my maternity, paternity or adoption leave.

My part-time leave will extend throughout the school year 20\_\_ – 20\_\_ .

Therefore, I request the school board to consider the possibilities outlined in the collective agreement and to inform me precisely of the set time in my schedule when I will be on unpaid leave for part of a week throughout the school year. If it is possible to reach an agreement with the school board, I would like the set time to be as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

I hope to hear your decision on this matter within a satisfactory delay. 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