

Date

Recipient

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

Dear Sir or Madam:

In conformity with clause 5-13.60 c) and 5-13.65, here is my notice that I will be taking a full time leave without salary in extension of my maternity (or paternity, or adoption leave, whichever the case), from \_\_\_\_\_\_\_\_\_\_.

I will return to work on \_\_\_\_\_\_\_\_\_\_.

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

Sincerely,

Name

Mailing Address

c.c. : Local Union