

Date

Recipient

Subject: Notice of timing of leave for the second year to extend a maternity, paternity, or adoption leave (option d)

Dear Sir or Madam:

In conformity with clause 5-13.65, here is my notice that the timing of my leave without salary for the second year will be as follows:

Furthermore, the partition of the second 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 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