

Date

Recipient

**Subject: Notice of leave without salary to extend a maternity, paternity, or adoption leave and timing of the leave for the first year (option d)**

Dear Sir or Madam:

For this school year, I have chosen to be under option d)

In conformity with clause 5-13.60 d) and 5-13.65, here is my notice that I will be taking an unpaid full time leave without salary in extension of my maternity.

Furthermore, the partition of the first year of my leave will be as follows:

From \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_ I will be working or I will not be working.

From \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_ I will be working or I will not be working.

I understand that as per the collective agreement, I may return to work at any point under option d) with 30 days notice.

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