

SAMPLE LETTER TO REQUEST MATERNITY LEAVE

The following letter should be accompanied by the physician's statement verifying pregnancy and establishing the expected due date of birth.

This letter should be sent to:

- 1. Board Secretary - Optional
- 2. Superintendent - Copy
- 3. Principal - Copy (optional)
- 4. Teacher - Retains copy

The date of forwarding the letter should be no later than sixty (60) days prior to the commencement of the disability leave (if requested) or sixty (60) days prior to the anticipated commencement of the maternity leave when no disability leave is requested.

---

SAMPLE

Date

Board Secretary  
Address

Dear Mr./Mrs./Ms.:

Enclosed is a statement from my physician verifying pregnancy and stating the approximate due date of birth.

I am requesting a Maternity/Disability Leave of Absence to commence on or about \_\_\_\_\_. I intend to use \_\_\_\_\_ days of my accumulated sick days which will establish the date of \_\_\_\_\_ as terminating my disability leave of absence.

Following the completion of my maternity/disability leave, I wish to be placed on an unpaid leave of absence in accordance with the New Jersey Family Leave Act. This leave will commence on \_\_\_\_\_ and end on \_\_\_\_\_. At the end of my family leave, I wish to continue the Child Rearing leave in accordance with our contract beginning on \_\_\_\_\_.

Proper notification verifying my intent to return will be provided.

May I please receive written notification from the Board of Education granting this leave.

Sincerely,

Enclosure (physician's statement)  
c: Superintendent  
Building Principal