100 Prospect Street

Anyplace, NY 14000

February 22, 2021

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Superintendent

Medina Central School District

One Mustang Drive

Medina, New York 14013

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

I am formally requesting a paid maternity leave to be certified by my physician, using any accumulated sick days for paid disability. This leave will begin on or about Insert Due Date. I plan to return to my current position following the maternity leave on or about Insert 6 Week Date. I understand that to the extent that I am eligible for Family Medical Leave, the FMLA leave will run concurrently with my maternity leave.

I plan to use my sick leave for any absences related to my maternity leave. If I have exhausted my sick days, as a tenured teacher, I understand that I may use unlimited sick leave (Article VIII C). I will submit the proper documentation from my physician, which will allow the district to establish dates and provide for appropriate coverage for my position.

If there is a change in dates and arrangements stated above, I will notify the district in writing and seek your approval.

Sincerely,

Name

Position

Building