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, followed by an unpaid child-rearing leave. The paid maternity leave will begin on or about Insert Due 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.

I am also requesting an unpaid child-rearing leave beginning on or about Insert 6 week date until on or about Insert ending date. It is my understanding that I am entitled to the terms and conditions of the Family Medical Leave Act. With that, the first portion of my twelve week allowance will begin at the birth of my child. I understand that the district will continue to pay Insert Contractual Percentage of my health insurance during my unpaid child-rearing leave. I understand that it will be my financial responsibility to pay Insert Contractual Percentage (your portion) of my health insurance during the child-rearing leave.

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