DATE OF LETTER

Ms. Margaret Contaldi
Director of Human Resources
Edison Board of Education
312 Pierson Ave.
Edison, New Jersey 08837

Dear Mr. Mrs. Contaldi:

1. EVERYONE USE THIS PARAGRAPH

Pursuant to the Collective Bargaining Agreement, I would like to request a Medical/Maternity Disability Leave from DATE 1 through DATE 2. My expected date of delivery is DATE 3, as confirmed in the attached statement from my physician.

2. EITHER USE THIS PARAGRAPH IF ALL OF THE LEAVE IS PAID

I wish to apply enter number of A days days of my accumulated sick leave days from DATE 1 through DATE 2. Should school be closed due to inclement weather or any other reason during this time, I request that these day(s) be applied accordingly on to my Maternity Disability Leave.

3. OR USE THIS PARAGRAPH IF ONLY PART OF THE LEAVE IS PAID

I wish to apply enter number of A days days of my accumulated sick leave days from DATE 4 through DATE 5. Should school be closed due to inclement weather or any other reason during this time, I request that these day(s) be applied accordingly on to my Maternity Disability Leave. I am requesting an unpaid family leave for the balance of my Maternity Disability period: from DATE 6 through DATE 7.

THEN
(see next page)

Explanation of Dates used in sample letter:
(none of these should be weekends except possibly the due date)

DATE 1 –date your doctor no longer wants you to work (on doctor's note)

DATE 2 –date which is 6 calendar weeks from due date (8 weeks if Caesarian)

DATE 3 –due date

DATE 4 –date to start using "A" days

DATE 5 –last date of using "A" days

DATE 6 –date unpaid leave to begin

DATE 7 –last date of unpaid leave

DATE 8 –next date after Date 7

DATE 9 –date Family Leave under NJFLI (6 weeks) is to end

DATE 10 – date unpaid Family Leave to begin (after benefits under NJFLI)

DATE 11 – last day of unpaid Family Leave (after additional 6 weeks)

DATE 12 – date Child Care Leave to Begin.

DATE 13 – last day of Child Care Leave (pay attention to beginning and ending of marking periods.

4. USE THIS PARAGRAPH IF ALSO REQUESTING FAMILY LEAVE (UNPAID)

Following the expiration of my Maternity Disability Leave, I wish to apply for a Family Leave under the NJFLI from DATE 8 through DATE 9 during which time I will receive a monetary benefit from the state. I understand the period in which I receive benefits under the NJFLI is considered an unpaid leave by the district. Following the expiration of my Family Leave under the NJFLI, I am requesting an additional unpaid family leave from DATE 10 through DATE 11.

5. USE THE APPROPRIATE CLOSING FOR TYPE OF BIRTH:

It is my understanding that all health benefits will be continued for eighteen (18) weeks after my date of delivery (six weeks maternity disability leave and twelve weeks Family Leave).

OR

Since a Caesarean section is anticipated for the birth, it is my understanding that all health benefits will be continued for twenty (20) weeks after my date of delivery (eight weeks' maternity disability leave and twelve weeks Family Leave).

AND IF APPROPRIATE

Following my Family Leave, I would like to request a Child Care Leave from DATE 12 through DATE 13. I understand that this is an unpaid leave and that I will no longer be covered by insurance unless I purchase benefits through COBRA.

6. FINALLY, FINISH UP WITH:

Thank you for your time and cooperation in this matter.

Sincerely yours,

Sign your name
Type your name and building

pc: << ADD YOUR PRINCIPAL'S NAME >>, Principal
ETEA