

LCMSD SAMPLE REQUEST FOR MATERNITY LEAVE

From: _____

To: (INSERT PRINCIPAL NAME)

Cc: Personnel Files

Date: _____

I am writing to request maternity leave from my (INSERT HOURS PER WEEK OR FTE) (INSERT JOB TITLE) position at (INSERT SITE NAME(S)). I am requesting leave through FMLA for (INSERT EXPECTED NUMBER OF WEEKS – AVERAGE IS 6 WEEKS FOR NATURAL DELIVERY, 8 WEEKS FOR CESAREAN) weeks, or until released by my doctor, approximately (INSERT ANTICIPATED DELIVERY AND RELEASE DATES). I would then like to use my California Family Rights Act (CFRA) leave through approximately (INSERT END DATE).

OPTIONAL AND REQUIRES APPROVAL:

In addition, I would like to request unpaid leave from then end of CFRA to the end of the school year (OR INSERT ALTERNATE DATE). I intend to return to my full position for the (INSERT SCHOOL YEAR) school year.

Sincerely,

(INSERT YOUR NAME AND SIGN)