Date (Month-Day-Year)

Recipient

Human Resources Department

235 Mnt Lesage, Rosemère, QC J7A 4Y6

Notice of leave without salary to extend a maternity, paternity or adoption leave (option b)

Dear Sir or Madam:

In conformity with clauses 5-13.60 b) and 5-13.65, this is to inform you that I will be on full-time leave without salary to extend my maternity, paternity or adoption leave from \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I will return to work on \_\_\_\_\_\_\_\_\_\_\_\_\_\_. I also wish to continue to participate in the insurance plans for which I am eligible and to pay the full cost of premiums in conformity with clause 5-13.69.

Best regards,

Signature

Name

Address

c. c. : Laurier Teachers Union