6or 8 week leave only

*Section 1 of Guidelines

Street Address
Town, State, Zip Code
Phone Number
Date

Dr. Mara Bollettieri, Assistant Superintendent of Personnel
Bellmore-Merrick Central High School District
1260 Meadowbrook Road
North Merrick, New York 11566

Dear Dr. Bollettieri:

In pursuant to Article XI, Section F, I hereby apply for maternity related disability leave.

I wish to use _____ of my accumulated sick days during the period of my disability. My leave will commence on _____ and will extend through _____.
(Due Date) (Last Date Prior To Return)

I have enclosed a note from my physician, _____, verifying my due date of
(Physician's Name)
_____.
(Due Date)

If further discussion is necessary, please contact me.

Sincerely,

cc: _____
(Building Principal)

_____
(Chair Person)

BMUST Office

Street Address
Town, State, Zip Code
Phone Number
Date

Dr. Mara Bollettieri, Assistant Superintendent of Personnel
Bellmore-Merrick Central High School District
1260 Meadowbrook Road
North Merrick, New York 11566

Dear Dr. Bollettieri:

Please be advised that I hereby apply for maternity related disability leave, as per the contract, Article XI, Section F.

I wish to use _____ sick days during my period of my disability. My leave will begin on _____. I plan to return to work on _____.
(Due Date)

I have enclosed a note from my doctor, _____, verifying my due date of
(Physician's Name)
_____.
(Due Date)

If further discussion or documentation is needed, please do not hesitate to contact me.

Sincerely,

cc: _____
(Building Principal)

_____
(Chair Person)

BMUST Office

12 week leave only

*Section 2a of Guidelines

Street Address
Town, State, Zip Code
Phone Number
Date

Dr. Mara Bollettieri, Assistant Superintendent of Personnel
Bellmore-Merrick Central High School District
1260 Meadowbrook Road
North Merrick, New York 11566

Dear Dr. Bollettieri:

In pursuant to Article XI, Section F, I hereby apply for maternity related disability and child care leave.

I wish to use _____ of my accumulated sick days during the period of my disability. I also wish to extend my leave beyond the period of my medical disability under the provisions of the Family Medical Leave Act. My leave will commence on _____
(Due Date)
and will extend through _____ for a total of 12 weeks.
(Last Date Prior To Return)

I have enclosed a note from my physician, _____, verifying my due date of
(Physician's Name)
_____.
(Due Date)

If further discussion is necessary, please contact me.

Sincerely,

cc: _____
(Building Principal)

_____
(Chair Person)

BMUST Office

Street Address
Town, State, Zip Code
Phone Number
Date

Dr. Mara Bollettieri, Assistant Superintendent of Personnel
Bellmore-Merrick Central High School District
1260 Meadowbrook Road
North Merrick, New York 11566

Dear Dr. Bollettieri:

Please be advised that I hereby apply for maternity related disability leave, as per the contract, Article XI, Section F.

I wish to use _____ sick days during my period of disability. My leave will begin on _____. I also wish to extend my leave as per the Family Medical Leave Act. Under such provision, I will be out until _____ and plan to return to work on _____.

I have enclosed a note from my doctor _____, verifying my due date of
(Physician's Name)
_____.
(Due Date)

If further discussion or documentation is needed, please do not hesitate to contact me.

Sincerely,

cc: _____
(Building Principal)
_____
(Chair Person)

BMUST Office

Disability + FMLA +
Leave for remainder of the school year.

*Section 2c of Guidelines

Street Address
Town, State, Zip Code
Phone Number
Date

Dr. Mara Bollettieri, Assistant Superintendent of Personnel
Bellmore-Merrick Central High School District
1260 Meadowbrook Road
North Merrick, New York 11566

Dear Dr. Bollettieri:

In pursuant to Article XI, Section F, I hereby apply for maternity related disability and child care leave.

I wish to use _____ of my accumulated sick days during the period of my disability. I also wish to extend my leave beyond the period of my medical disability under the provisions of the Family Medical Leave Act. I will then extend my leave through the end of the school year, as per contract. My leave will commence on _____ and will extend through
(Due Date)
_____.
(Last Day of School)

I have enclosed a note from my physician, _____, verifying my due date of
(Physician's Name)
_____.
(Due Date)

If further discussion is necessary, please contact me.

Sincerely,

cc: _____
(Building Principal)
_____
(Chair Person)

BMUST Office

Street Address
Town, State, Zip Code
Phone Number
Date

Dr. Mara Bollettieri, Assistant Superintendent of Personnel
Bellmore-Merrick Central High School District
1260 Meadowbrook Road
North Merrick, New York 11566

Dear Dr. Bollettieri:

Please be advised that I hereby apply for maternity related disability leave, as per the contract, Article XI, Section F.

I wish to use _____ sick days during my period of my disability. My leave will begin on _____. I also wish to extend my leave beyond the period of medical disability
(Due Date)
under the Family Medical Leave Act. Under such provision, I will be out for the remainder of the year, through June _____, 20____.

I have enclosed a note from my doctor _____, verifying my due date of
(Physician's Name)
_____.
(Due Date)

If further discussion or documentation is needed, please do not hesitate to contact me.

Sincerely,

cc: _____
(Building Principal)

_____
(Chair Person)

BMUST Office

Leave that extends through balance of year, and requests one additional year with FMLA. (If member needs benefits during that time)

Street Address
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Phone Number
Date

Dr. Mara Bollettieri, Assistant Superintendent of Personnel
Bellmore-Merrick Central High School District
1260 Meadowbrook Road
North Merrick, New York 11566

Dear Dr. Bollettieri:

In pursuant to Article XI, Section F, I hereby apply for maternity related disability and child care leave.

My leave will commence on or about _____. I wish to use _____ of my
(Due Date)
accumulated sick days during the period of my disability. I also wish to extend my leave beyond the period of my medical disability under the provisions of the Family Medical Leave Act. I will then extend my leave through the end of the school year. I am also requesting one year of childcare leave from September 20_____ through June 20 _____. I reserve the right to extend this leave by an additional year as per contract.

I understand it is my obligation to inform the district, in writing, of my intentions of extending or forfeiting that leave no later than the Monday after the February break.

I have enclosed a note from my physician, _____, verifying my due date of
(Physician's Name)
_____.
(Due Date)

If further discussion is necessary, please contact me.

Sincerely,

cc: _____
(Building Principal)

_____
(Chair Person)

BMUST Office

Leave that extends through balance of year and requests one additional year without using FMLA.
(If member <u>DOESN'T</u> need benefits during that first six weeks past the disability period).

Street Address
Town, State, Zip Code
Phone Number
Date

Dr. Mara Bollettieri, Assistant Superintendent of Personnel
Bellmore-Merrick Central High School District
1260 Meadowbrook Road
North Merrick, New York 11566

Dear Dr. Bollettieri:

In pursuant to Article XI, Section F, I hereby apply for maternity related disability and child care leave.

My leave will commence on or about _____. I wish to use _____ of my
(Due Date)
accumulated sick days during the period of my disability. I also wish to extend my leave through the end of the school year. I am also requesting one year of childcare leave from September 20_____ through June 20 _____. I reserve the right to extend this leave by an additional year as per contract.

I understand it is my obligation to inform the district, in writing, of my intentions of extending or forfeiting that leave no later than the Monday after the February break.

I have enclosed a note from my physician, _____, verifying my due date of
(Physician's Name)
_____.
(Due Date)

If further discussion is necessary, please contact me.

Sincerely,

cc: _____
(Building Principal)

_____
(Chair Person)

BMUST Office

12 weeks only – summer delivery of baby.

Street Address
Town, State, Zip Code
Phone Number
Date

Dr. Mara Bollettieri, Assistant Superintendent of Personnel
Bellmore-Merrick Central High School District
1260 Meadowbrook Road
North Merrick, New York 11566

Dear Dr. Bollettieri:

In pursuant to Article XI, Section F, I hereby apply for 12 weeks of FMLA leave for the period beginning _____ and lasting through _____.
(First Day of School) (12 Weeks From First Day)
I will return to work on _____.
(First Working Day After 12 Weeks)

I have enclosed a note from my physician, _____, verifying my due date of
(Physician's Name)
_____.
(Due Date)

If further discussion is necessary, please contact me.

Sincerely,

cc: _____
(Building Principal)
_____
(Chair Person)

BMUST Office

1 year child care leave (pertinent to summer deliveries).

Street Address
Town, State, Zip Code
Phone Number
Date

Dr. Mara Bollettieri, Assistant Superintendent of Personnel
Bellmore-Merrick Central High School District
1260 Meadowbrook Road
North Merrick, New York 11566

Dear Dr. Bollettieri:

In pursuant to Article XI, Section F, I hereby apply for 1 year of child care leave from September 20 _____ through June 20_____. I reserve the right to extend this leave by an additional year as per contract.

I understand it is my obligation to inform the district, in writing, of my intentions of extending or forfeiting that leave no later than the Monday after the February break.

If further discussion is necessary, please contact me.

Sincerely,

cc: _____
(Building Principal)

_____
(Chair Person)

BMUST Office