Leave that extends through balance of year, and requests one additional semester with FMLA. (If member DOESN’T need benefits during that first six weeks past the disability period). *NOTE: This may only be used if you are taking 12 week FMLA and it would extend to at least the first day of school the following school year. If the leave does not extend to the first day of school you are not eligible for this leave.*

Street Address

Town, State, Zip Code

Phone Number

Date

Dr. Mara Bolletieri, Deputy Superintendent of Personnel

Bellmore-Merrick Central High School District

1260 Meadowbrook Road

North Merrick, NY 11566

Dear Dr. Bolletieri,

In pursuant to Article XI, Sections G and N, I hereby apply for maternity related disability and child care leave.

My leave will commence on or about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (due date). Depending on method of delivery, I wish to use 6 to 8 weeks of my 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 additional semester of childcare leave from the first day of school 20\_\_\_\_ through the end of the first semester.

I have enclosed a note from my physician, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (physician’s name), verifying my due date of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (due date)

If further discussion is necessary, please contact me.

Sincerely,

cc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Building Principal)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Chairperson)

BMUST OFFICE

Street Address

Leave that extends through balance of year, and requests one additional semester with FMLA (If member needs benefits during that time). *NOTE: This may only be used if you are taking 12 week FMLA and it would extend to at least the first day of school the following school year. If the leave does not extend to the first day of school you are not eligible for this leave.*

Town, State, Zip Code

Phone Number

Date

Dr. Mara Bolletieri, Assistant Superintendent of Personnel

Bellmore-Merrick Central High School District

1260 Meadowbrook Road

North Merrick, NY 11566

Dear Dr. Bolletieri,

In pursuant to Article XI, Sections G and N, I hereby apply for maternity related disability and child care leave.

My leave will commence on or about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (due date). Depending on method of delivery, I wish to use 6 to 8 weeks 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. I am also requesting one additional semester of childcare leave from the first day of school 20\_\_\_\_ through the end of the first semester.

I have enclosed a note from my physician, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (physician’s name), verifying my due date of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (due date)

If further discussion is necessary, please contact me.

Sincerely,

cc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Building Principal)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Chairperson)

BMUST OFFICE