

Your Name
Your Address
Your Email Address

Date:

Dr. Rodney Gilmore
Assistant Superintendent of Human Resources
Hempstead School District
185 Peninsula Boulevard
Hempstead, New York 11550

Dear Dr. Gilmore,

My name is _____ and I am a _____ at
_____ School. I am writing to request to take a Maternity Leave of
Absence under FMLA from _____ until _____ with pay using my accrued
sick days.

Included in this request is supporting documentation from my obstetrician, _____.
If you require additional information, I can be reached at _____.

Kindest Regards,

***Your dates must match the dates on your
doctor's letter.***

Don't Forget to Sign and Date the Letter