[YOUR ADDRESS HERE] 12^{TH} MARCH, 2020

THE DIRECTOR
GHANA EDUCATION SERVICE
ACCRA METRO
ACCRA
APPLICATION FOR MATERNITY LEAVE
NAME:
STAFF ID:
SSNIT NUMBER:
RANK:
PHONE NUMBER:
I am a teacher at the above-mentioned school; I wish to apply for maternity leave to enable me take care of myself and the baby.
Attached to the letter is the maternity leave form which shows the day I delivered to certify my request.
Thank you.
Yours faithfully,
(JOHN DOE)