

Dr. Patrick Sullivan, Superintendent
Marshfield Public Schools
76 South River St.
Marshfield, MA 02050

MONTH ##, 20##

Dear Dr. Sullivan,

In accordance with the Master Agreement between the Marshfield School Committee and the Marshfield Education Association, I am requesting maternity leave to begin upon the birth of my child(ren) on approximately **DUE DATE HERE**. I plan to return to my duties approximately forty (40) school days to twelve (12) calendar weeks after giving birth, depending on the circumstances of the delivery. (Or you can request leave for up to two (2) years for child rearing under Sec. 14.1b *without pay*. Only the first 8-12 weeks following birth will be paid, depending on circumstances of delivery. DELETE THIS WHEN FINISHED)

Pursuant to Article XIV, Section 1 of the Assistant Principal Master Agreement, I have enclosed a statement from my doctor certifying my pregnancy. I am also requesting under paragraph 14.1(a) of the Master Agreement that the portion of my leave during which I may be medically disabled as a result of the pregnancy, childbirth, and recovery, be charged to my accumulated sick leave.

As soon as I am able, I will provide you with a statement from my doctor certifying my due date and anticipated time of recovery.

Thank you for your time and consideration.

Sincerely,

YOUR NAME HERE

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