



Date

District Superintendent
Cayuga-Onondaga BOCES
1879 West Genesee Street Road
Auburn, NY 13021

Dear District Superintendent:

I am writing to request a medical leave of absence for maternity from my employment as a _____ in the _____ Department with Cayuga-Onondaga BOCES. My expected due date is _____.

I am also requesting the use of the provisions of the Family and Medical Leave Act to run concurrently with the medical leave of absence and the use of my accumulated available leave time to be used as appropriate. I am requesting that my leave be effective on _____, to _____, or until I am released by my physician.

(Include the following if you wish to take a Child Rearing Leave)

I am also requesting a child rearing leave from the time of my release by my physician until _____.

Thank you for your consideration.

Sincerely,

Director's Signature: _____ Date: _____

Asst. Supt. Signature: _____ Date: _____

Dist. Supt. Signature: _____ Date: _____