

(LETTER **MUST** BE SUBMITTED AT LEAST ONE (1) MONTH PRIOR TO THE EXPECTED DATE OF COMMENCEMENT OF SICK LEAVE)

(PLACE DATE HERE)

(PLACE NAME OF SUPERINTENDENT HERE)

Superintendent of Schools  
Meriden Public School  
22 Liberty Street  
Meriden, CT 06450

Re: Pregnancy and Childbirth Leave

Dear (PLACE NAME OF SUPERINTENDENT HERE):

Please be advised that I am currently expecting a child. I am hereby providing notice pursuant to Article 9.4 (a) 2 of the agreement between the Meriden Federation of Teachers and the Meriden Board of Education, that when I am no longer physically able to work I shall use accumulated sick leave for any such period of sickness or disability attendant to the pregnancy or birth of my child. My expected due date is \_\_\_\_\_.

I thank you for your attention to this matter.

Sincerely yours,

(SIGN YOUR NAME)