

Exeter-West Greenwich Regional School District

940 Nooseneck Hill Rd. West Greenwich, RI 02817 401.397.5125 Fax: 401.397.2407 School Committee

JAMES H. ERINAKES, II, M.Ed. Superintendent of Schools MARIE-ELENA J. AHERN, Ed.D. Curriculum Director Administration SARAH E. DENTZ, M. Ed. Director of Special Services

PATRICIA J. RUIZZO, MS.ITM. Director of Administration TAISABEL LOPEZ District Treasurer

Date:	
Dear Superintendent:	
This letter is to notify you I will be taking leave for the following (Please check applicable bosinformation)	x and fill out missing
MATERNITY LEAVE: For pregnancy, my due date is	, I may request additional
PARENTAL LEAVE: For the birth or adoption of a child. The date of the event is anticipate working until I plan on discharging accrued time may request additional leave or a Leave without Pay past the allowed 13 weeks. I plan to retrieve	e per RIPFMLA. If needed I
FAMILY CARE LEAVE: To care for a qualified sick family member. My leave will begin on plan on discharging accrued time per RIPFMLA. If needed I may request additional leave or a he allowed 13 weeks.	
A doctor's note is attached	
A doctor's note will be forwarded to the Human Resource office	
SIGNATURE DATE	