|  |  |
| --- | --- |
| For processing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature)\_\_\_\_\_\_\_\_\_\_ \_\_\_, 20\_\_\_ | to ITMO University RectorCorresponding member of the RASVladimir N. Vasilyev, DScfrom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full name)student of group № \_\_\_\_\_\_\_of the school/institute/cluster of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of structural unit)phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

REQUEST

I am hereby requesting extension of my maternity leave for reasons of pregnancy and childbirth for the period between \_\_\_\_\_\_\_\_\_\_ \_\_\_, 20\_\_\_ and until \_\_\_\_\_\_\_\_\_\_ \_\_\_, 20\_\_\_.

A copy of my medical leave notice (doctor’s certificate) is attached.

\_\_\_\_\_\_\_\_\_\_ \_\_\_, 20\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(date) (signature) (full name)