**LETTER OF INTENT**

*FOR MATERNITY LEAVE*

[MM/DD/YYYY]

[SENDER NAME]

[SENDER STREET ADDRESS]

[SENDER CITY, STATE, ZIP]

[RECIPIENT NAME]

[RECIPIENT STREET ADDRESS]

[RECIPIENT CITY, STATE, ZIP]

Dear: [EMPLOYER NAME]

I am writing to inform you that I am pregnant and intend on taking maternity leave.

My physician has estimated that the baby is expected on [DATE] and I would like to remain working until [DATE]. I plan to take [NUMBER OF WEEKS] weeks off and, barring no medical issues or complications, I anticipate no problem with resuming my current position as [POSITION TITLE] following my absence.

If you have any questions, I can be contacted via email at [EMAIL ADDRESS] or by telephone at [PHONE NUMBER]. Please inform me of any forms, doctor’s notes, or other information you require to enable this transition into my maternity.

Sincerely,

[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://www.esign.com/)

[Signature]

[SENDER PRINTED NAME]

[Print Name]