|  |  |
| --- | --- |
| For processing  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (signature)  \_\_\_\_\_\_\_\_\_\_ \_\_\_, 20\_\_\_ | to ITMO University Rector  Corresponding member of the RAS  Vladimir N. Vasilyev, DSc  from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (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)