**MATERNITY LEAVE LETTER OF INTENT**

[EMPLOYEE NAME]

[EMPLOYEE ADDRESS]

[EMPLOYEE CITY, STATE, ZIP CODE]

Date: [DATE]

[EMPLOYER NAME]

[EMPLOYER ADDRESS]

[EMPLOYER CITY, STATE, ZIP CODE]

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] 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,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Print Name]

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

[Signature]