



Ufficio Sicurezza
Via Ravasi, 2
21100 VARESE

Per Interoperabilità

Subject: Flexibility request for maternity leave

The undersigned _____ in
service at _____ as
_____ hereby
gives notice of her intention to abstain from work as from (please cross out the box of
interest):

- ☐ eighth month of pregnancy
☐ after childbirth (Budget Law 2019)

To this end, please enclose a certificate from a specialist doctor of the SSN or with the SSN, certifying that the work activity will not be detrimental to the health of the pregnant woman and of the unborn child and a declaration of the Director of the Department of work assignment following notification of pregnancy.

Place and date

Signature of the person concerned



Nome UOR:
Denominazione file modulo codificato
Validato da:
Aggiornato il:
Posizione nel *repository*:

Ufficio Sicurezza
Congedo_maternità_flessibilità_richiesta_SICUREZZA_390
Scuderi Patrizia
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