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