……..........................., .............................

*(place) (date)*

……...……………………….

 *(employee’s name and surname)*

………………………………

 *(department)*

………………………………

 *(position)*

*……………………………………*

 *(employer's name)*

Employee's request for maternity leave before confinement

Due to the delivery date of my baby scheduled for: .............................. 20 ... , I request to be granted ..................... weeks of maternity leave before the birth, i.e. from ................................. 20 ....

Enclosed is a medical certificate confirming the state of pregnancy and the expected date of delivery.

……………………………….

  *(employee's signature)*