To the Director of the Department of

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

SUBJECT: pregnancy notification

The undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, recipient of the junior/departmental/senior research grant titled “\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_” from \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

DECLARES

\_ Pregnancy (A pregnancy medical certificate which attests the presumed date of birth is here attached)

\_ Early Maternity Leave (The provision of the Direzione Territoriale del Lavoro or of the ASL is here attached)

NOTIFIES

\_ Maternity leave (7th month)

A copy of the pregnancy medical certificate which attests the presumed date of birth is here attached (only if it has not already been submitted)

\_ Flexible maternity leave (8th month)

A copy of a certificate written by the ASL specialized physician and the certificate written by the University’s Occupational Health Physician which attest that the activity is not detrimental to the health of the mother and child is here attached

\_ Flexible maternity leave (9th month, starting from day of birth)

A copy of a certificate written by the ASL specialized physician and the certificate written by the University’s Occupational Health Physician which attest that the activity is not detrimental to the health of the mother and child is here attached

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_