[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]

[Date]

[Recipient Name]
[Title/Human Resources Department]
[Company Name]
[Company Address]

Subject: Notice of Maternity Leave and Short-Term Disability Claim

Dear [Recipient Name],

I am writing to formally notify you of my upcoming maternity leave. My expected due date is [Due Date]. I plan to begin my leave on [Start Date], or earlier should my medical provider advise or if the birth occurs before then.

In conjunction with my leave, I intend to file for Short-Term Disability (STD) benefits through the company's provider for the duration of my recovery period. I have attached the required medical certification from my healthcare provider to support this claim.

I anticipate being away from work for [Number] weeks, with a tentative return date of [Return Date]. I will keep you informed of any changes to this timeline based on my medical recovery and my physician's recommendations.

Before my leave begins, I will ensure that all my current projects are completed or transitioned to the appropriate team members. Please let me know what additional forms or steps are necessary to process my Short-Term Disability claim and finalize my leave arrangements.

Thank you for your support during this time.

Sincerely,

[Your Signature]

[Your Printed Name]