## Notification of pregnancy to employer

| In accordance with Article 12 of Act No. 144/2021 on Maternity/Paternity Leave and Parenta |  |
|--|--|
| Leave, I the undersigned, ID. No   | ·                                      |
| employee   | , notify the management of the company |
| that I am pregnant.  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| (Employee's signature)   |  |
|  |  |
|  |  |
| Received on behalf of the company  |  |
|  |  |
|  |  |
| (Signature of company's representative and   | d date)                                |