

SHAWNEE MISSION SCHOOL DISTRICT REQUEST FOR FAMILY/MEDICAL LEAVE

Please refer to Board of Education GCC Policy "Family and Medical Leave" for the specific requirements and procedures for requesting and taking family/medical leave. The Act provides special rules for certain school employees, as specified in this Board of Education Policy. When leave is due to a serious health condition, medical certification of the condition is required. Print or type your request and forward directly to the Benefits Office.

Name: _____
(Last, First, Middle Initial)

Today's Date: _____

Employee I.D. #: _____

School/Dept: _____

Date of Employment: _____

Job Title: _____

Telephone: (work) _____

(home) _____

Does your spouse work for the District?

Yes _____

No _____

Please state your reason(s) for requesting this leave (attach an additional page if needed):

For what period of time are you requesting leave?

Employee's Signature: _____

Date: _____

You will receive written notification of the disposition of your request from the Benefits Office as soon as all required information and documents are received and verified by Human Resources.