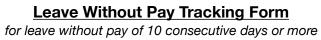
KUSPUK SCHOOL DISTRICT





Date:	<u> </u>			Chustebaluk . Red Derit.
Employee Name	e:	_		
Family ar Court Lea Military L	eave rative Leave (if without	,		
Anticipated Sta	rt Date of Leave:			
Anticipated End	d Date of Leave:			
Will a note from	ı a medical provider b	e submitt	ed before the leave?_	
Comments:				
Signatures: _				
	Supervisor	Date	Superintendent	Date
_	Business Manager	Date	Employee	Date
	Busin	ess Office	· Use	
Termination of I	Health Benefits Date (if applica	ble):	
PERS/TRS LWC	OP Date (if applicable)		rting documentation	

Updated: April 18, 2019 Appendix B-14