

**Federal Way Public Schools
Human Resources Department
MATERNITY/PATERNITY - LEAVE FORM**

Employee Name:	Home Phone:
Position:	Location:

**THE INFORMATION BELOW IS TO BE
COMPLETED BY A HEALTH CARE PROVIDER**

Estimated Due Date:

HEALTHCARE PROVIDER INFORMATION

Name (please print):	
Address:	
Telephone Number:	
Signature:	Date:

Please return this completed form to:

Federal Way Public Schools
ATTN: Human Resources – Shelbee Mangum
33330 8th Ave S
Federal Way, WA 98003

smangum@fwps.org (Email)
253-661-0423 (Fax)