

Cumberland Regional School District

FAMILY ILLNESS LEAVE REQUEST FORM

EMPLOYEE NAME: _____

PATIENT NAME: _____

RELATION TO EMPLOYEE: _____

I was absent from work on _____ due to a family member's terminal illness, critical illness, accidental injury, or surgery which requires hospitalization of my spouse, sibling, child, grandchild, parent, parent-in-law, or domestic partner.

By signing below, I attest the information stated above is true, and accurate to the best of my knowledge.

EMPLOYEE'S SIGNATURE: _____ DATE: _____

(must be signed by hand)

Return completed form along with a doctor's note to the Board Office, attention Chiara Church

For Board Office Use Only

Date Received: _____
