



**FEDERAL WAY
PUBLIC SCHOOLS**

Each Scholar: A voice. A dream. A **BRIGHT** future.

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: Gretchen Erhart, Leaves Specialist
33330 8th Ave. S
Federal Way, WA 98003

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