Beautiful Plains School Division

Teacher Request for Family Medical Leave

If family medical leave is needed, please contact your principal, then complete this form and forward a copy to the Division Office as soon as possible after the event.

Teacher's Name:	**School:**

I hereby request family medical leave as follows:

Date of Leave:
Nature of Family Illness or Injury:
Relationship to Teacher

Please see Collective Agreement Article 7.02 for details on the use of this leave.

(Family Members included in this clause are: Teacher's Parents, Spouse/Partner, or Child, or a relative permanently residing with the teacher)

_____	_____
Employee's Signature	***Supervisor/Principal Signature***