



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.

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| Teacher's Name: | School: |
|------------------------|----------------|

I hereby request family medical leave as follows:

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

Please see Collective Agreement Article 11.05 for details on the use of this leave.

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| <hr/> <i>Employee's Signature</i> | <hr/> <i>Supervisor/Principal Signature</i> |
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