## **REQUEST FOR FAMILY OR MEDICAL LEAVE**

## **Employee Notification**

Request for Family or Medical Leave must be made in writing, if practical, at least 30 days prior to the date the requested leave is to begin.

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N. Gulais & Gmith Lattic	Data $8-5-15$
Name Sylvia A. Smith-Lottie	Date8-5-15
(aka Sylvia A. Lottie)	Desition Educator Grade 3
School Lowell-Longfellow	Position Educator, Grade 3
	nore of the following reasons. I understand that a
Because of the birth of my child, of for adoption or foster care.	or because of the placement of a child with me
In order to care for my spouse/chil	d/parent who has a serious health condition.
	makes me unable to perform my job. THIS - WORK RELATED. *To be determined.
Requested intermittent or reduced	leave scheduled
I would like to use m	se my sick/personal days leave l leave Date 8-5-15
LEAVE A	PPROVAL
Principal/Designee Signature	Date
Superintendent Signature A. A.	Date 8/6/2015
Board Secretary Signature	Date
Board President Signature	Date

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