



516 Allport Cutoff
Morrisdale PA, 16858
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www.westbranch.org

Michelle Dutrow, Superintendent

Family or Medical Leave Request Form

Employee Name: _____ Date: _____

Position: _____

I hereby request the following type of leave:

Medical leave for my own serious health condition. (Certification of Health Care Provider for Employees Serious Health Condition required)

Care for a Family Member. (Certification of Health Care Provider for Family Member's Serious Health Condition required)

Family member's full name: _____

Relationship to you: _____ If Child, date of birth _____

For the Birth, Adoption, or Foster Care Placement (proof of birth, adoption, or foster care placement is required)

I request that the leave be granted for the following period of time:

Beginning on _____ Ending on _____

Will all sick, vacation, and personal days be used? Yes No

I hereby certify that the information given above is true and correct to the best of my knowledge. I understand that misrepresentation or omission of the reason for leave or any of the facts supporting the need for leave may result in denial of the leave and will subject me to discipline up to and including termination.

Signature _____ Date: _____

Please make sure all necessary paperwork is attached (including certification of Health Care Provider). Return Completed form(s) to the Business Office.

If all sick, vacation, and personal days are to be used, how many of each have been accumulated? (To be completed by Business Manager or Bookkeeper)

Sick _____ Vacation _____ Personal _____

Will a sub be needed: (To be completed by Immediate Supervisor) Yes No

Signature of Immediate Supervisor Date: _____

Received by School Board Secretary Date: _____

Signature of Business Manager Date: _____

Signature of Superintendent Date: _____

Signature of Bookkeeper (to keep on file) Date: _____