**Medical Leave Letter**

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| --- |
| Date: |
| Last (4) of social security number: |
| Name: |
| Address: |
| City/State/Zip |
| Phone Number: |

Dear Superintendent:

My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I work at

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (site) (assignment)

I am writing this letter to request **Family Medical Leave** effective \_\_\_\_\_\_\_\_\_\_\_\_\_

to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (attach medical documentation)

Your help in this matter is much appreciative.

Sincerely,

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you want to use your leave, please indicate it below:**

**Do you want to participate in Voluntary Shared Leave Program? Yes \_\_\_ No \_\_\_**

**Annual Leave: Yes \_\_\_\_\_ No \_\_\_\_\_ Sick Leave: Yes \_\_\_\_\_ No \_\_\_\_\_**

**Personal Leave: Yes \_\_\_\_\_ No \_\_\_\_\_**

**20 Extended Sick Leave (Classroom teacher’s only who require a sub) Yes \_\_\_\_ No \_\_\_\_\_**