



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:
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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 12.04 for details on the use of this leave.

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