

## Medical Leave Letter

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 \_\_\_\_