

CANEY VALLEY BOARD OF EDUCATION		DECA-E2
<i>Adoption Date: January 14, 2019</i>	<i>Revision Date(s):</i>	<i>Page 1 of 1</i>

APPLICATION FOR FAMILY OR MEDICAL LEAVE

Name: _____

Current address: _____

Position: _____

School or Worksite: _____

Beginning date of leave: _____

Expected date of return to work: _____

Reason for leave request (explain): _____

If family leave to care for a seriously ill family member is requested, state:

1. _____ Name of Family Member:

2. _____ Relationship of family member to you:

3. _____ Describe care you will provide:

Name and Mailing Address of Health Care Provider(s): _____

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