



MEDICAL/SICK LEAVE REQUEST FORM

Name: _____ **Byte#** _____

Position: _____ **School/Bldg.** _____

In accordance with the collective bargaining agreement, I am requesting a temporary medical/sick leave. The dates for this leave are:

_____ to _____

_____ I do not carry Short Term Disability

_____ I carry Short Term Disability

_____ 8th day

_____ 29th day

_____ I will be using sick days

_____ I will use vacation days in lieu of sick days (*applicable to CMC & ESP only*)

_____ I wish to take this time off without pay

Be advised, ANY medical/sick leave runs concurrently with the Family Medical Leave (FLMA). A doctor's note MUST be provided when requesting the leave and upon return to work.

Forward this completed form and doctor's note to:
Farmington Public Schools
32500 Shiawassee
Farmington, MI 48336
(248) 489-3387

Employee Signature **Date**

For Human Resources Use Only

_____ Temporary Medical/Sick Leave has been approved

_____ Temporary Medical/Sick Leave has not been approved

Director of Human Resources

Date