

# SHAWNEE MISSION SCHOOL DISTRICT

## REQUEST FOR PART-TIME HEALTH LEAVE

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Please refer to the Personnel Policies for Non-Exempt Classified Employees Handbook. When leave is due to a serious health condition, medical certification of the condition is required. Print or type your request and forward directly to the Benefits Office.

Name: \_\_\_\_\_  
(Last, First, Middle Initial)

Today's Date: \_\_\_\_\_

Employee I.D. #: \_\_\_\_\_

School/Dept: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_

Telephone: (work) \_\_\_\_\_

(home) \_\_\_\_\_

Does your spouse work for the District?

Yes \_\_\_\_\_

No \_\_\_\_\_

Please state your reason(s) for requesting this leave (attach an additional page if needed):

For what period of time are you requesting leave?

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You will receive written notification of the disposition of your request from the Benefits Office as soon as all required information and documents are received and verified by Human Resources.