

Patric Barbieri
Executive Director

Matthew Cameron
Financial Administrator



Donna Goodell, Program Director
Pre-school, Elementary & Middle School Programs

James Kelly, Program Director
High School Programs

MEDICAL LEAVE REQUEST FORM

Employee Name (printed) _____

Program _____

Date Submitting This Form _____

I am notifying the LABBB Collaborative of my need to take medical leave due to:

- 1.) ___ A serious health condition that makes me unable to perform the essential functions of my job; or
- 2.) ___ A serious health condition affecting my ___ spouse, ___ child, ___ parent, for which I am needed to provide care.

I am notifying you that this leave will begin on _____ (date) and that I expect leave to continue until, on or about _____ (date).

1a.) ___ If my medical leave extends beyond eight (8) consecutive weeks, I understand I'll be required to provide a doctor's note stating the specific date I can return to work.

1b.) ___ I would like to apply _____ of my accumulated sick days towards my medical leave.

Employee Signature

Date

Executive Director Signature

Date