

**Kansas Education Service Center
1220 Walnut
Oskaloosa, KS 66066**

Family/Medical Leave Request

Name _____ Date _____
(printed)

Dates requested/anticipated for leave _____

Signature _____

Substitute needed YES _____ NO _____

Signature(s):

Supervising teacher _____
(when applicable)

Principal(s) _____

NEKESC Executive Director _____

When possible, please submit request 30 days in advance of leave.