



KEYSTONE
LEARNING SERVICES

**500 E. Sunflower Blvd.
Ozawkie KS 66070**

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) _____

Keystone Executive Director _____

Approved _____ Denied _____

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