

Oklahoma City Public Schools

CONFIDENTIAL:

Employee Request for Medical Leave of Absence

Includes Maternity/Paternity Leave and Primary Caregiver Leave

Employee Name:	Employee ID #:
Address:	Personal Phone:
Personal Email:	Department:
Job Title:	Supervisor:

Start of Leave: [Click here to enter a date.](#) Expected Date of Return: [Click here to enter a date.](#)

- Primary Caregiver leave for the:
 - Birth or care of my son or daughter
 - Placement of a child with me for adoption foster care _____
 - Anticipated date of birth or placement _____
- Family leave to care for a spouse, son, daughter, or parent with a serious health condition
Family member's full name:
Relationship to you: spouse parent son or daughter
- Medical leave for my own serious health condition
Specify:
 - Maternity Leave (for pregnant female) Paternity Leave
 - Service Member Care
 - Exigency Leave for Service Member

Employee Signature	Date:
	Click here to enter a date.

Supervisor: Please either print, fax or submit this completed form electronically to: Leave@okcps.org

Fax to: (405) 587-0148

Email to: leave@okcps.org

If you have questions, please contact Manager Leave & Attendance, HR Department at: (405) 587-0801