



PECOS-BARSTOW-TOYAH INDEPENDENT SCHOOL DISTRICT
Dr. Byron Welch, Assistant Superintendent
P.O. Box 869
PECOS, TEXAS 79772
432-447-7202
432-447-6210 Fax

FAMILY AND MEDICAL LEAVE NOTIFICATION

This is notification that _____ has been absent for five consecutive days
name of employee

from his/her duties at _____ because of _____
department/campus employee illness

or family member illness

The first day of absence was _____.

Principal/Supervisor Signature

Date

This form must be hand delivered to the Personnel Office by either the principal or secretary on the fifth day the employee is absent.