BENEFITS
ANCHORAGE SCHOOL DISTRICT
Education Center 5530 E. Northern Lights Blvd. Anchorage, AK 99504
P: 907.742.4200 F: 907.742.4008 benefitsdept@asdk12.org www.asdk12.org

Anchorage School District Birth Verification Form

INSTRUCTIONS TO THE HEALTH CARE PROVIDER: The employee listed below has requested leave under the FMLA. Answer, fully and completely, all the applicable parts below. Limit your responses to the condition for which the patient needs leave. Please be sure to sign the form at the bottom of the page.

Employee Name:		
Newborn Date of birth: ___/___/___	**Foster Child Placement:** ___/___/___	**Date of Adoption:** ___/___/___

☐ Vaginal Birth ☐ Cesarean ☐ Scheduled Induction Date_____

COMMENTS:

Provider name and Title (PRINTED)	**Provider Telephone: ( )**
Provider Signature:	**Date:**

Email form to askleave@asdk12.org or fax to (907) 742-4008