

REQUEST FOR FAMILY OR MEDICAL LEAVE

Employee Notification

Request for Family or Medical Leave must be made in writing, if practical, at least 30 days prior to the date the requested leave is to begin.

Name

Valdavia B West

Date

Monday, Nov 14, 2016

School

GBMS

Position

Teacher

I request a family or medical leave for one or more of the following reasons. I understand that a physician's certification and all required information must be submitted before this request is processed.

____ Because of the birth of my child, or because of the placement of a child with me for adoption or foster care.

____ In order to care for my spouse/child/parent who has a serious health condition.

____ For a serious health condition that makes me unable to perform my job. THIS CONDITION X IS ____ IS NOT WORK RELATED.

____ Requested intermittent or reduced leave scheduled _____

Leave to start 11/28/16 Expected return date 1/5/17

____ I would like to use my sick/personal days

X I would not like to use my sick/personal days

____ Original request for leave

____ Request for extended leave

Employee Signature

[Signature]

Date

11/14/2016

LEAVE APPROVAL

Principal/Designee Signature

[Signature]

Date

11/16/16

Superintendent Signature

[Signature]

Date

11/21/2016

Board Secretary Signature

Date

Board President Signature

Date



Dedicated to Cultivating Well-Being and Resiliency

November 16, 2016

To whom it may concern,

I am recommending that Valadavia West DOB 4/6/1973 take a leave of absence from her employment at this time.

Ms. West is experiencing mental health issues that warrant time off.

I anticipate Ms. West returning to the workplace approximately January 6, 2017. She will be evaluated weekly to determine an exact return to work date.

Sincerely,

Allison Fine, LCPC