

# 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 Cathleen Hogan Date November 15, 2016  
School Maya Angelou / Whittier Position Health Service Coordinator  
\*\*\*\*\*

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 ☐ IS ☐ IS NOT WORK RELATED.

☐ Requested intermittent or reduced leave scheduled \_\_\_\_\_

Leave to start 2/27/17 Expected return date 5/22/17

- ☒ I would like to use my sick/personal days  
☐ I would not like to use my sick/personal days  
☒ Original request for leave  
☐ Request for extended leave

Employee Signature Cathleen Hogan Date 11-15-16  
\*\*\*\*\*

## LEAVE APPROVAL

Principal/Designee Signature [Signature] Date 11/16/16  
Superintendent Signature [Signature] Date 11/28/2016  
Board Secretary Signature \_\_\_\_\_ Date \_\_\_\_\_  
Board President Signature \_\_\_\_\_ Date \_\_\_\_\_

Sick Days - 14.5  
Personal 1.0



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**Womens Health Care Center - Burbank**

4901 West 79th Street

Burbank, IL 60459

708-422-0600 Fax: 708-229-6078

Alexis Jones M.D

Brady Reis M.D

Leonard Lawson M.D

Pooja Doshi M.D

John Hobbs M.D

Ericka Searles M.D

September 26, 2016

To Whom It May Concern:

*Cathleen Hogan Touranjeau is currently pregnant. Her estimated due date is*

**03/03/2017.** *If you have any questions, please feel free to contact the office.*

Sincerely,

Brady Reis, MD