

**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 GEORGETTE LEE Date \_\_\_\_\_

School WHITIER/RILEY/LOWELL SANDBURG Position CASE MANAGER  
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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 10/27/14 Expected return date 11/05/14

- ☒ 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 Georgette Lee Date \_\_\_\_\_

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**LEAVE APPROVAL**

Principal/Designee Signature [Signature]

Date 10.24.14

Superintendent Signature [Signature]

Date 10/28/14

Board Secretary Signature \_\_\_\_\_

Date \_\_\_\_\_

Board President Signature \_\_\_\_\_

Date \_\_\_\_\_

Sick Days - 139.00

Re: Georgette Lee

**BONE AND JOINT PHYSICIANS**

5540 West 111<sup>th</sup> Street, Oak Lawn, IL 60453

David J. Smith, M.D., F.A.C.S., Founder  
George S. Miz, M.D., F.A.C.S.  
Joseph G. Thometz, M.D.  
Mark R. Nikkel, D.O.  
John B. McClellan, M.D., F.A.C.S.

Phyllis N. Bonaminio, M.D., F.A.C.R.  
Carl P. DiLella, D.O.  
George E. Charuk, D.O.  
Karen A. Spurgash, D.O.  
Phillip T. Nigro, M.D.

Dear CHARLES LEE

Here is a list of dates that are important to you regarding your surgery:

Date of Surgery: 10/27/14 at \_\_\_\_\_

The hospital will call the evening before surgery to tell you what time to arrive. You may call the hospital after 5 p.m. the day before.

✓ Ingalls Hospital: (708) 915-5221

\_\_\_\_\_ Little Company of Mary Hospital: (708) 229-6220

\_\_\_\_\_ Magna: (773) 445-9696

Date and location of pre-operative testing: \_\_\_\_\_

Please have testing done as soon as you can (must be within 30 days of surgery).

You may have your testing completed at any of the affiliated facilities.

(Requires 2 hour fast/4 hour fasting if diabetic). CALL INGALLS PRE-ADMISSION TEST

708 915 5576

Appointment with DR PAYNE for medical clearance for surgery.

(Request medical clearance to be faxed to: (708) 423-4024 one week prior to surgery)

1-2 days after testing is completed. 708 481 8883

Call Peggy Lucas, R.N., B.S.N., with date of pre-operative testing and date of medical clearance: (708) 876-4467.

Date, time and location of follow-up with your surgeon after surgery:

11/13/14 FROSSMOR OFFICE 1 PM

Feel free to call me with any questions or concerns,

Peggy Lucas, R.N., B.S.N.

Re: Georgette Lee

TOTAL HIP REPLACEMENT - ANTERIOR APPROACH

PATIENT NAME CHARLES LEE

DATE OF PROCEDURE 10/27/14

1) CALL INGALLS HOSPITAL CENTRAL SCHEDULING TO MAKE  
APPOINTMENT: (708) 915-6475 CAT SCAN WITH 3-D  
RECONSTRUCTION OF LEFT HIP  
MEASURE ANGLE ANTEVERSION LEFT FEMUR

DATE OF APPOINTMENT \_\_\_\_\_

2) CALL ORLAND PARK OFFICE (708) 272-8600 TO MAKE  
APPOINTMENT. ASK FOR JILL (SHE WILL COORDINATE  
APPOINTMENTS)

A) PHYSICAL THERAPY MEASUREMENTS LEFT LOWER  
EXTREMITY

B) ARTERIAL BRACHIAL INDEX LEFT LOWER  
EXTREMITY

C) X-RAY WITH MARKERS FOR TEMPLATING (DR SMITH HIP  
SERIES FOR TOTAL HIP REPLACEMENT ANTERIOR APPROACH)  
LEFT LOWER EXTREMITY

DATE OF APPOINTMENT \_\_\_\_\_

3) CALL INGALLS HOSPITAL PRE-ADMISSION TESTING AND MAKE  
APPOINTMENT FOR TESTING AND CLASS (708) 915-5576

DATE OF APPOINTMENT \_\_\_\_\_

4) CALL YOUR PRIMARY CARE PHYSICIAN FOR APPOINTMENT FOR  
SURGICAL CLEARANCE DR PHUNG

DATE OF APPOINTMENT \_\_\_\_\_