

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 Robin Sutton Date 8/15/17

School Bryant Position Social Worker

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 10/12/17 ^{any due date -> will depend on when baby comes} Expected return date 11/27/17

- 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
- * will depend on when the baby comes + how I heal

Employee Signature Robin Sutton Date 8/15/17

LEAVE APPROVAL

Principal/Designee Signature [Signature] Date 8/21/17

Superintendent Signature Lela G. Bridges Date 8/30/17

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

Sick - 20.5
Personal - 1.0

SOUTHWEST OBSTETRICS AND GYNECOLOGY, LTD.
4225 WEST 95TH STREET
OAK LAWN, ILLINOIS 60453
(708) 423-2300

19255 EVERETT, SUITE D
MOKENA, IL 60448
(708) 478-4872

C. L. ANDERSON, M.D.
J. R. AXELROD, M.D.
Y. F. GULECYUZ, M.D.

H. A. NIKOLAS, M.D.
J. M. PAVESE, M.D.
N. D. STRANZ, M.D.
LORYN A. ASHTON, APN

NAME Robin S. H. AGE _____

ADDRESS _____ DATE _____

R

B doc on 10/12/17
and will require 6 wks of
maternity leave

LABEL

REFILL _____ TIMES

MAY SUBSTITUTE

MAY NOT SUBSTITUTE

DEA _____

_____, M.D.

SECURITY FEATURES PRINTED ON BACK SIDE

HEAT SENSITIVE - COLOR FADES WITH HEAT