

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 Sabrina Baylor Date 2-23-16

School Brooks 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 _____ IS ✓ IS NOT WORK RELATED.

_____ Requested intermittent or reduced leave scheduled _____

Leave to start 3 / 8 / 16 Expected return date 4 / 4 / 16

- _____ 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 Sabrina Baylor Date 2-23-16

LEAVE APPROVAL

Principal/Designee Signature [Signature] Date 2-24-16

Superintendent Signature [Signature] Date 2/26/16

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

Sick Days - 28.5

FHC MUNSTER HEALTHCARE
FRANCISCAN PHYSICIAN NETWORK ONCOLOGY
701 Superior Ave Ste 317
Munster IN 46321-4037
Phone: 219-922-4200

February 16, 2016

RE: Sabrina L Baylor

DOB: 10/27/1956

To Whom It May Concern:

Sabrina L Baylor will be able to return to work on April 4th, 2016.

Sincerely,

A handwritten signature in black ink, appearing to be 'Rowland O Mbaoma', written over a horizontal line.

Rowland O Mbaoma, MD