

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 Kathryn Nelson Date 2/20/17

School Whittier Position Special Ed. 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.

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

_____ Requested intermittent or reduced leave scheduled _____

Leave to start 03/07/17 Expected return date 04/19/17

_____ I would like to use my sick/personal days

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

X Original request for leave

_____ Request for extended leave

Employee Signature [Signature] Date 2/20/17

LEAVE APPROVAL

Principal/Designee Signature [Signature]

Date 2/24/17

Superintendent Signature [Signature]

Date 3/7/2017

Board Secretary Signature _____

Date _____

Board President Signature _____

Date _____

Personal - 1.0



THE UNIVERSITY OF
CHICAGO
MEDICINE

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02/07/17

Return to Work/School

To Whom It May Concern:

This is to advise that Kathryn Nelson was undergoing surgery on 3/7/2017, and will be able to return on April 13, 2017.

Restrictions include: no heavy lifting (>10 pounds) until 4/19/2017.

If you have any questions or if we can be of further assistance, please do not hesitate to contact us.

Sincerely,

Sandra Valaitis, M.D.

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MRN: 3636703

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