

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 Kimberly Cannon Date 10/22/13

School Lowell Position 1st grade 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 11 / 8 / 13 Expected return date 1 / 14 / 13

- 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 Kimberly Cannon Date 10/22/13

LEAVE APPROVAL

Principal/Designee Signature [Signature]

Date 10/20/13

Superintendent Signature [Signature]

Date 10/31/2013

Board Secretary Signature _____

Date _____

Board President Signature _____

Date _____

Southwest Women's Healthcare Associates

3700 W. 203rd Street, Suite 110

Olympia Fields, IL 60461

Phone: 708-679-1890

Fax: 708-747-9859

*Dexter E. Arrington, M.D.
Nanette James-Patrick, M.D.
Shaunda Chin-Bonds, D.O.*

Date: 10/29/13

- ✓ To Whom It May Concern:
- ✓ This is to certify that Ms. Kimberly Cannon
- ✓ Is pregnant and her expected date of delivery is 12/11/13
- ✓ May travel.
- ✓ May have routine dental care with extractions and Novocain.
- ✓ Pregnancy is complicated by Preterm contractions
- ✓ Must be on complete bedrest until on 11/8/13
- ✓ Is restricted to _____
- ✓ May return to school/work without restrictions on 1/14/14
- ✓ Date of first visit 6/6/13
- ✓ Date of last visit 10/29/13
- ✓ If you have any questions, please do not hesitate to contact the office.

Thank you.

Southwest
Jeppmen's
Healthcare
ASSOCIATES

NANETTE JAMES-PATRICK, M.D., F.A.C.O.G.
BOARD CERTIFIED OBSTETRIC/GYNECOLOGIST
2700 W 203rd Street, Suite 110
Olympia, WA 98512 360-338-7911

Name

Kimberly Cannon

Address

R

Bellevue

May Substitute

W. James J. [Signature]

M.D.

May Not Substitute

M.D.

Refill times

R. INVALID