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 Lacy Gray	Date 3/6/14
School Brooks Middle Sc ************************************	Position ISS-Super V150R ************************************
	or more of the following reasons. I understand that a aformation must be submitted <u>before</u> this request is
Because of the birth of my charge for adoption or foster care.	ild, or because of the placement of a child with me
In order to care for my spous	e/child/parent who has a serious health condition.
For a serious health condition CONDITION IS X_ IS	that makes me unable to perform my job. THIS NOT WORK RELATED.
Requested intermittent or red	uced leave scheduled
X I would like to	
Color A	Date 3/6/14
Employee Signature	Date
<u>LEA</u>	VE APPROVAL
Principal/Designee Signature	Date 3/6/2014 Date 3/7/14
Superintendent Signature	Date <u>3/7/14</u>
Board Secretary Signature	Date
Board President Signature	Date

Advocate Medical Group

General Surgery

4400 West 95th Street, Suite 413, Physicians' Pavilion | Oak Lawn, IL 60453 | T 708.346.4055

3/6/2014

RE: Lacy Gray

DOB: 05/16/1954

To Whom It May Concern,

The above named patient needs to be off work starting March 24, 2014 and will need to be off approximately 4-6 weeks for surgical procedure. Her return to work date will be approximately May 5, 2014. Final return to work date will be determined by physician after her post-operative visit.

Sincerely,

Adam Riker, MD

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