## **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 YI ams \_\_\_\_\_ Date 10/20, School 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 <u>10 125117</u> Expected return date <u>18117</u>  $\checkmark$  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, Ham Date 10 Employee Signature LEAVE APPROVAL Principal/Designee Signature Date Superintendent Signature Date 10 Board Secretary Signature Date Board President Signature Date



The University of Illinois Hospital & Health Sciences System is part of the University of Illinois at Chicago

Center for Women's Health (MC 650) Outpatient Care Center 1801 West Taylor Street, 4C Chicago, Illinois 60612

## 10/27/2017

To Whom It May Concern:

This letter is to verify that **Bridget Williams 11/05/1971** is a patient at the Center for Women's Health. This is to certify that the above named patient may return to work effective 01/08/2018, with no restrictions. The patient was disabled from 11/07/2017-01/08/2018. If you have any questions feel free to contact the Center for Women's Health at 312-413-7500.

Sincerely,

Dr. Catherine Wheatley M.D.