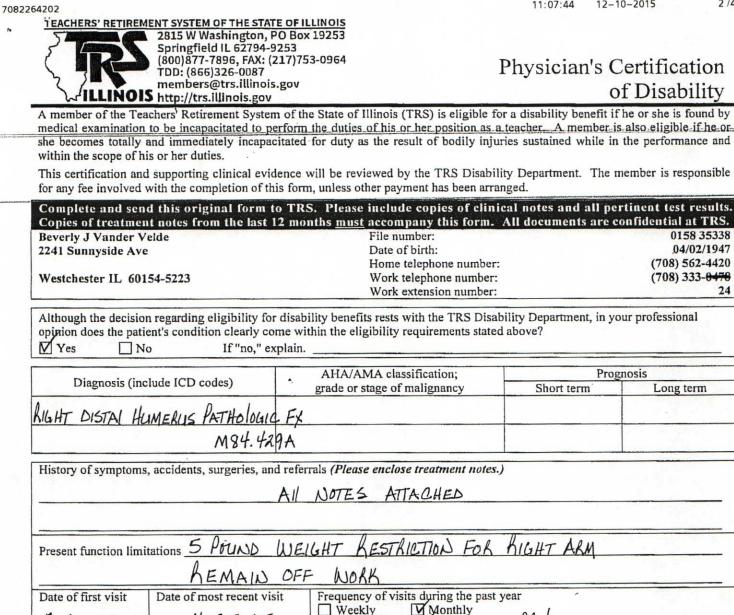
REQUEST FOR FAMILY OR MEDICAL LEAVE

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 Beverly Vander Velde Date 12/4/2015			
School Bryant School Position Social Worker			
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>1 / 4 / 16</u> Expected return date <u>6 /30/16</u> 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 And /// Date Date			
LEAVE APPROVAL			
Principal/Designee Signature $\frac{1}{12} + \frac{1}{12} + $			
Superintendent Signature A. A. C. Date 12/10/15			
Board Secretary Signature Date			
Board President Signature Date			

11-25-15



Annually

work? Yes

OUT PATIENT SURGERY

Admission date

Other (explain) PKA

Discharge date

No

Has the impairment been continuous since the date the patient became unable to

17008012	07/2010

7-20-15

HRIST

Date the patient became unable to work

Hospitalizations (Please send discharge summaries.)

7-24-15

Name of hospital

HOSPITA

ds

Discharge diagnosis

0300

24