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 Severly A- Murray Date
School Bryant Position Reading Tutor ************************************
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 <u>before</u> 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 4/26/20/8 Expected return date 1/26/20/8 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
LEAVE APPROVAL
Principal/Designee Signature A CLAR Date 3/8/18 Superintendent Signature Many US Board Secretary Signature Date
Board Secretary Signature Date

Sick Days - 2



10719 W. 160th Street Orland Park, IL 60467

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Phone (708)226-3300 Facsimile (708) 226-3500 Pre-OP testing only fax (708) 226-4150 George Branovacki, M.D.
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Michael Castelli, PA-C Kari Chagnon, PA-C Shih-Hua Chen, PA-C Michael J. Meeker, PA-C Nick Patel, PA-C Thomas A.J. Prokop, PA-C

Date: 4/3/2018

To Whom It May Concern:

Please be advised that Beverly A Murray is/has been under my orthopedic care.

• She was seen in office for appointment today. (2/19/2018).

 Beverly is scheduled for a surgical procedure on 4/27/18 and will be out of work for at least 12 weeks

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Electronically signed by: Luis J Redondo, M.D.

Date: 4/3/2018 Time: 10:20 AM