

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 Kerry Besbekos Date 9-1-15

School Holmes Position 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 11/9/15 Expected return date 2/16/16
 I would like to use my sick/personal days I would like to use 55 of 59 sick days.
 I would not like to use my sick/personal days
 Original request for leave
 Request for extended leave

Employee Signature Kerry Besbekos Date 9-1-15

LEAVE APPROVAL

Principal/Designee Signature Daphne Strong Date 9/2/15

Superintendent Signature [Signature] Date 9/11/15

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

Sick Days - 59

Lifecircle Women's Health, S.C.

KIMBERLY A. MULLIN, M.D.

MARGARET M. NASH, APN

7800 W. COLLEGE DRIVE

PALOS HEIGHTS, ILLINOIS 60463

(708) 361-2400 • FAX (708) 361-8459

DATE 9-09-15

TO WHOM IT MAY CONCERN:

Kerry Besbekos IS UNDER MY CARE.
HE (SHE):

WAS SEEN IN MY OFFICE TODAY.

IS RELEASED TO RETURN TO WORK ON _____

IS UNABLE TO RETURN TO WORK AT THIS TIME BECAUSE _____

IS ABLE TO RETURN TO SCHOOL ON _____

IS / IS NOT ABLE TO PARTICIPATE IN THE PHYSICAL EDUCATION PROGRAM
AT SCHOOL.

RESTRICTIONS: _____

OTHER: Kerry is pregnant and she is
due on Nov. 12, 2015

Kimberly Amfullides, M.D.