

# 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 LA SOPHIA JONES-REDMOND Date 12-10-14

School Central Office Position Director of Special Services  
\*\*\*\*\*

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 12/10/14 Expected return date 1/26/2015

- ☒ 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 [Signature] Date 12/10/14  
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## LEAVE APPROVAL

Principal/Designee Signature \_\_\_\_\_

Date \_\_\_\_\_

Superintendent Signature [Signature]

Date 12/16/2014

Board Secretary Signature \_\_\_\_\_

Date \_\_\_\_\_

Board President Signature \_\_\_\_\_

Date \_\_\_\_\_

41.25 Sick



LAKEVIEW PLASTIC SURGERY

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12/11/14

Attention: Employer

Surgery was performed on Dr. Sophia Jones- Redmond on Wednesday, December 10<sup>th</sup>, 2014. Patient may return to work on Monday January 26<sup>th</sup>, 2015 with intermittent excused absences until April 30<sup>th</sup>, 2015. Please contact my office with questions or concerns.

Thank you,



Alison Shore, M.D.