

# 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 Erin Jones Date 9/24/14

School Holmes Position Kinder 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 \_\_\_\_\_

(ONLY USE 13 SICK DAYS) Leave to start 3 / 11 / 15 Expected return date Beginning of 2015 - 2016 school year.  
☒ 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 Erin Jones Date 9/24/14

## LEAVE APPROVAL

Principal/Designee Signature Doelynn Strong. Date 10/24/14

Superintendent Signature [Signature] Date \_\_\_\_\_

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

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

Sick Days - 50.50



JOHN BUSH, D.O.

MAUREEN MIETELSKI, D.O.

CERISE BUSH, M.D.

PRACTICE LIMITED TO OBSTETRICS AND GYNECOLOGY

222 COLORADO AVE.  
FRANKFORT, ILLINOIS 60423  
BY APPOINTMENT (815) 469-6646

9661 WEST 143<sup>rd</sup> STREET SUITE 102  
ORLAND PARK, ILLINOIS 60462  
TELEPHONE (708) 460-0931

Name Erin Jones

Age \_\_\_\_\_

Address \_\_\_\_\_

Date 12-8-14

*Is Pregnant  
Her EDC is 3-30-15*

Refill 1 2 3 4 5 1YR NR

☐ May Substitute

☐ May Not Substitute

DEA No. \_\_\_\_\_

D.O.

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TELEPHONE (708) 460-0931

Name Erin Jones

Age \_\_\_\_\_

Address \_\_\_\_\_

Date 12-8-14

*Medical record indicates that on  
11-7-14 ms Jones Had Bronchitis. URI was  
advised to stay at home & support care*

Refill 1 2 3 4 5 1YR NR

☐ May Substitute

☐ May Not Substitute

DEA No. \_\_\_\_\_

D.O.