

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 Adrienne L. Miller Date 11/10/17
School Whittier School Position T.A. Sp. Ed.
Social Security Number 345 148 1327

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 11/13/17 Expected return date 1/8/18

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 Adrienne L. Miller Date Nov 10, 2017

LEAVE APPROVAL

Principal/Designee Signature [Signature] Date 11/13/17

Superintendent Signature [Signature] Date 11/14/17

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

FMLA NON-FMLA

Patient Summary

PERSON INFORMATION

Name MILLER, ADRIENNE L
Sex FEMALE

Age 62 Years
Address 21600 PETERSON AVE
SAUK VILLAGE IL 60411-4436

Phone (708)465-3897
Discharge Location

Length of Stay 007 20:35

Discharge Diagnosis
Discharge Disposition
Admitting Physician
Attending Physician
Consulting Physician

Pneumonia
STILL A PATIENT
PARVATHALA-MD, PRAVEEN
PARVATHALA-MD, PRAVEEN
SPIER-MD, ADDIE B; SIDHWA-MD, KAMO G;
TEPELI-MD, AGOP; SARGUROH-MD, TAUSEEF;
PETRAK-PA, ALLISON; SAMSON-MD, SURESH N;
HASHMI-MD, SYED A; YU-MD, BRIAN C

Medical Information

Allergy Info:
vancomycin

Surgical Procedure

BRONCHOSCOPY WITH BILATERAL LUNG WASHING

Nursing Documentation

Discharge ADL

Activity Level - Nurse Depart: Resume Normal Activities

Diet - Nurse Depart: No Restrictions

Instruction Type: Home O2, Medications, Disease/Illness

Special Instructions Nutrition: heart healthy

Discharge Disposition

Discharge Disposition - Disch to Home: Home w/Advocate Home Health Care

Nursing Depart Discharge Grid

Discharge Accompanied By
Family Member

Discharge Date/Time-Final
10/21/17 15:00

Valuables & Belongings / Discharge

Belongings Home Meds at Discharge: Sent Home with Patient/Family

Patient Portal

Interfaced Email: Patient Email Address
ADRIENNEM6@GMAIL.COM