

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 CASSANDRA WATKINS Date 12/5/2012

School CENTRAL OFFICE Position FIN CLERK

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 12/1/12 Expected return date 01/10/2013

- 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 12/5/2012

LEAVE APPROVAL

Principal/Designee Signature [Signature] Date 12/10/12

Superintendent Signature [Signature] Date _____

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____



MetroSouth Health Center
AT BLUE ISLAND

Arlette Brown, MD
OBSTETRICIAN/GYNECOLOGIST

12/5/12

To Whom it May Concern,

This is a letter in regards to Ms. Cassandra Watkins. Cassandra will undergo major surgery on 12/21/12. It is advised that she allow 6 weeks of recovery at home or rest. Thanks for your time and effort.

Respectfully,

Arlette Brown