

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 Maryellen Bruno Date March 14, 2013

School Bryant Elementary Position Teacher - 2nd

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.

X _____ For a serious health condition that makes me unable to perform my job. THIS CONDITION _____ IS X IS NOT WORK RELATED.

_____ Requested intermittent or reduced leave scheduled _____

Leave to start 03/18/13 Expected return date 06/01/13

- X _____ 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 Maryellen Bruno Date Mar. 14, 2013

LEAVE APPROVAL

Principal/Designee Signature Sharon Brown Date _____

Superintendent Signature _____ Date _____

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

*Currently has 111 sick days + 2 personal days

HICKORY CARDIAC CARE

Phone 708-799-5900

Taylor Cope, M.D., F.A.C.C.

3/14/2013

Maryellen Bruno
is totally disabled
by heart disease.
She is unable to
work.

Taylor Cope M.D.
