

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 Denise Brown Date February 6, 2013

School Holmes Position Paraprofessional

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 2/16/13 Expected return date 2/22/13

- 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 Denise Brown Date 2/6/13

LEAVE APPROVAL

Principal/Designee Signature [Signature] Date 2/6/13

Superintendent Signature [Signature] Date _____

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

*Currently has 10.5 sick days.

Wednesday, February 06, 2013

Dear Mrs. Thomas,

On February 6, 2013 I am requesting a family leave, due to Military business for my son, Antwon Brown. He will be leaving for South Korea. My leave would start on February 15, 2013 thru February 21, 2013. During this time I will be using four of my sick days or personal leave time. I will be returning to work on Thursday February 22, 2013.

Thanking you in advance,

Denise Brown