

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 Marilyn Whitfield Date 09/11/12

School Brooks Position _____

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 09/11/12 Expected return date 11/12/12

- _____ 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 Marilyn Whitfield Date 09/11/12

LEAVE APPROVAL

Principal/Designee Signature _____ Date _____

Superintendent Signature [Signature] Date _____

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

RECEIVED
SEP 25 2012
BUSINESS OFFICE