

# 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 Cheryl Rias Date 10-30-14

School Holmes Position Food service

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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 11/13/14 Expected return date 11/18/14

✓ 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 Cheryl Rias Date 10-30-14

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## LEAVE APPROVAL

Principal/Designee Signature Dorothy Strong Date 10/31/14

Superintendent Signature A. S. A. Date 11/12/14

Board Secretary Signature \_\_\_\_\_ Date \_\_\_\_\_

Board President Signature \_\_\_\_\_ Date \_\_\_\_\_

Sick Days - 21.00

Return to Work/School Verification  
**Advocate Medical Group - South Holland**  
100 W. 162nd Street  
South Holland, Illinois 60473  
(708) 730-2200

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**Patient:** CHERYL RIAS  
**MRN:** 1001259223  
**DOB:** 09/03/1954

**Return To Work/School Verification**

Date: 10/30/2014

Patient's Name: CHERYL RIAS

MRN: 1001259223

**TO WHOM IT MAY CONCERN**

The above-named person is a patient under my care. She has been advised to take short term disability for 2 weeks to be evaluated and treated. She is to follow up with me on 11/17/14, at which time she will be re-assessed.

Thank you



Sandra McGowan, MD

~Medical information is confidential and cannot be disclosed without the written consent of the patient or his/her representative.

**Signature**

Electronically signed by : SANDRA MCGOWAN M.D.; 10/30/2014 2:37 PM CST.