

**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 Tina Merritt Date 5/1/17

School Angelou Position Teacher

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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.

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 5/9/17 Expected return date 10/3/17

- 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 Tina Merritt Date 5/1/17

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**LEAVE APPROVAL**

Principal/Designee Signature [Signature] Date 5/1/17

Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Board President Signature [Signature] Date 5/3/2017

Sick - 0



Northwestern Medical Faculty Foundation

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(312) 695-7382

April 28, 2017

To Whom It May Concern:

This is to certify that Tina T Merritt was seen in our office today. She will be starting her leave as of 5/9/2017. Please feel free to contact our office if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Leanne R. Griffin".

Leanne R Griffin, MD