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 Ta'Shona Pernell-Hayes Date 8/26/13
School Angelou : Sandburg . Position Speech Language ************************************
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 <u>before</u> 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 ISX IS NOT WORK RELATED.
Requested intermittent or reduced leave scheduled
Leave to start 10 / 1 / 13 Expected return date 1 / 7 / 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 A May Date 8/26/13

Principal/Designee Signature Date 9/4/3
Superintendent Signature Date 9/4/13
Board Secretary Signature Date
Board President Signature Date

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Obstetrics, Gynecology, and Urogynecology

www.whcillinois.com

8/26/2013

TaShona Pernell Hayes 748 Manteca Ct Unit 5 University Park, Il 60484

Patient Name: Pernell Hayes, TaShona

DOB: 12/12/1973

To Whom It May Concern;

The above patient had surgery on 5/30/2013. She may return to work as of 1/07/2014 on a full-time basis without restrictions.

Sincerely, Nichole M. Butler MD

cc: file

Evergreen Park

9730 South Western Ave., Suite Evergreen Park, IL Phone: (708)425-1907

Fax: (708)422-4253

Orland Park

9601 West 165th Streer, Suite 2 Orland Park, IL 60467 Phone: (708)349-7310

Fax: (708)349-6916