

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 Cristina Hackett Date 11/29/2018

School Brooks Position 1st Math Teacher

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 12/17/2018 Expected return date 01/07/2019

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 Date 11/29/18

LEAVE APPROVAL

Principal/Designee Signature Date 11/30/18

Superintendent Signature Date 12/3/18

Board Secretary Signature _____ Date _____

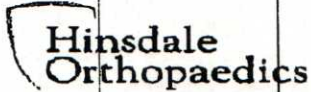
Board President Signature _____ Date _____

Sick - 22

From:

11/29/2018 11:42

#062 P.002/002



951 Essington Road Joliet, IL 60435-8427
Phone: (815) 744-4551 Fax: (815) 744-1018
For: Cristina Hackett DOB: 12/23/1968 MRN: 484815 Page: 1

November 29, 2018

Employee: Cristina Hackett

To Whom It May Concern:

For Medical reasons, please excuse the above named employee from work for the following dates:

Start: Surgery on 12/17/18

Return: Monday, 12/24/18

If you need additional information, please feel free to contact our office at 815-744-4551.

Sincerely,

Jason G. Hurbanek, MD

Electronically Signed by JASON HURBAN EK MD