

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 Sandra Chandler Date 10-7-14

School CLASS Position Special Ed 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.

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 10 / 1 / 14 Expected return date 10 / 20 / 14

- X 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 Sandra Chandler Date 10/7/14

LEAVE APPROVAL

Principal/Designee Signature [Signature] Date 10-14-14

Superintendent Signature [Signature] Date _____

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

Sick days - 7.5
Personal day - 1.0

MS_METROSOUTH • 12549 S. Ashland Ave., CALUMET PARK IL 60827-0001

CHANDLER, SAUNDRA V (id #16305, dob: 11/27/1962)

MS_OLEKANMA-LAB CALUMET TOWNSHIP
12549 S. Ashland Ave.
CALUMET PARK, IL 60827-0001
Phone: (708) 489-5662, Fax: (708) 489-5609

Return to Work / School

Patient: CHANDLER, SAUNDRA V
DOB: 11/27/1962
Address: 17026 KENWOOD AVE
SOUTH HOLLAND, IL 60473

Date: 10/07/2014
Patient ID: 16305

Note to Patient:

Was Seen in my office on: 10/1/14

May return to work/school on: 10/17/14

May Not return to work/school on: _____


Work limitations: _____

May Not participate in physical education: _____

May return to physical education: _____

Limitations for physical education: _____

May Not participate in jury duty: _____


U OLEKANMA, MD

pt will be having surgery 10/08/14