

**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 JESSICA McDONALD (WASHINGTON) Date 12/7/2015

School BRYANT Position MEDIA ASSISTANT

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 12.17.2015 Expected return date 01/18/2016

- 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 Jessica McDonald Date 12/7/2015

**LEAVE APPROVAL**

Principal/Designee Signature [Signature] Date 12/7/15

Superintendent Signature [Signature] Date 12/10/15

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

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

Sick Days - 23



Advocate Medical Group  
AMG-Olympia Fields  
4001 Vollmer Rd  
Olympia Fields, IL 60461  
(708) 481-8883

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*Return to Work/School Verification*  
12/03/2015 11:00AM

**Patient:** JESSICA B. WASHINGTON  
**MRN:** 1002855545  
**DOB:** 07/13/1958

**Return To Work/School Verification**

Date: 12/03/2015  
Patient's Name: JESSICA WASHINGTON  
MRN: 090860

**TO WHOM IT MAY CONCERN**

The above-named person:  
Has received treatment at this office on the following dates: 12/03/2015

Patient is to be off work for 1 month due to severe stress  
May resume work on: 01/18/2015

-Medical information is confidential and cannot be disclosed without the written consent of the patient or his/her representative. Amended : Zynthia Bailey RMA; 12/03/2015 11:55 AM CST.

**Signature**

Electronically signed by : Zynthia Bailey RMA; 12/03/2015 11:50 AM CST.  
Electronically signed by : Zynthia Bailey RMA; 12/03/2015 11:55 AM CST.

 Advocate  
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