

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 Lacy Gray Date 9-28-17

School Brooks Position SSS

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 10/2/17 Expected return date 10/16/17

- ✓ 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 Lacy Gray Date 9-28-17

LEAVE APPROVAL

Principal/Designee Signature [Signature] Date 10-2-17

Superintendent Signature Lela G. Bridges Date 10-4-17

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

Sick Days - 35

Advocate Medical Group
AMG-Orland Park
9550 W. 167th St.
Orland Park, IL 60467
(708) 873-4500

Return to Work/School Verification
09/28/2017 12:57PM

Patient: LACY GRAY
MRN: 1002656464
DOB: 05/16/1954

Return To Work/School Verification

Date: 09/28/2017
Patient's Name: LACY GRAY
MRN: 1002656464

TO WHOM IT MAY CONCERN

The above-named person:
Has received treatment at this office on the following dates: 9/26/2017
May resume work on: 10/16/2017

Medical information is confidential and cannot be disclosed without the written consent of the patient or his/her representative.

Namrata Peswani MD.

Signature

Electronically signed by : NAMRATA PESWANI MD; 09/28/2017 4:33 PM CST.

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