

## 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 India M. Jones Date 1/25/2016

School Bryant Position Computer Asst

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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 1/29/16 Expected return date 3/14/16

- \_\_\_\_\_ I would like to use my sick/personal days  
☒ I would not like to use my sick/personal days (no pay)  
\_\_\_\_\_ Original request for leave  
\_\_\_\_\_ Request for extended leave

Employee Signature India M. Jones Date 1/25/16

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### LEAVE APPROVAL

Principal/Designee Signature [Signature]

Date 2/5/16

Superintendent Signature [Signature]

Date 2/11/16

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

Telephone: (708) 331-5100  
Fax: (708) 331-5005

DEA # \_\_\_\_\_  
Lic. # \_\_\_\_\_

JERRY L. JENSEN, D.O.  
OSTEOPATHIC PHYSICIAN AND SURGEON

15525 South Park Ave., Suite 113

South Holland, IL 60473

Name India Jones

Address \_\_\_\_\_

Date 1/29/2016

R The above is to be off of work  
for stress related issues until  
March 14, 2016

☐ Label

Refill - 0 - 1 - 2 - 3 - 4 - PRN

☐ May Substitute

Jerry L. Jensen

, D.O.

☐ May Not Substitute

, D.O.