

**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 Lula Burks Date 12-2-13

School Holmes Dist 152 Position Food Service Hostess

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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 12/26/13 Expected return date Feb 26, 2013

- 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 Lula Burks Date 12-12-13

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**LEAVE APPROVAL**

Principal/Designee Signature Melanie Ware Date 12/17/13

Superintendent Signature [Signature] Date 12/23/13

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

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



Chicago Metropolitan OB/GYN., LTD.  
Premier Women's Health & Pediatrics  
15620 South Wood Street  
Harvey, IL 60426  
Telephone (708) 333-3030  
Fax (708) 333-6060

Re: \_\_\_\_\_

To Whom It May Concern:

This is to verify that Ms. Lula Burks is under my medical care.  
Ms. Burks was seen and examined in my office on 12/12/2013.

The patient is scheduled to have major abdominal surgery  
12/26/2013. She will be given a 6-8 week convalescent  
period for recovery

Should and additional information be necessary, please feel free to send all correspondence to the above address.

Sincerely,

Ernest A. Hayes MD / dr. maa  
\_\_\_\_\_: mgt

**Chicago Metropolitan  
OB/GYN  
15620 S. Wood St.  
Harvey, IL. 60426  
708-333-3030**