

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 Andre Bass Date 1/27/20

School Holmes Position Custodian

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 N/A IS N/A IS NOT WORK RELATED.

_____ Requested intermittent or reduced leave scheduled _____

Leave to start 1/18/20 Expected return date 2/10/20

- _____ 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 Andre Bass Date 1/27/20

LEAVE APPROVAL

Principal/Designee Signature A. Daniel Date 2/5/2020

Superintendent Signature [Signature] Date 2-5-2020

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

Family Christian Health Center
31 West 155th Street
Harvey, IL 60426

Phone: (708) 596-5177
Fax: (708) 339-3583

January 27, 2020

Employee: Andre Bass

To Whom It May Concern:

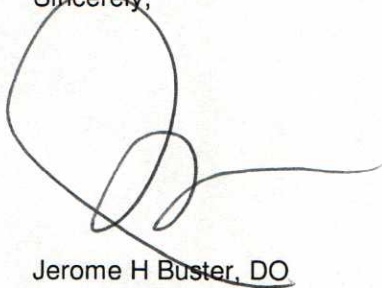
For Medical reasons, please excuse the above named employee from work for the following dates:

Start: 8 January 2020

End: Patient to see a Specialist on 10 February 2020 at which time work status can be determined.

If you need additional information, please feel free to contact our office.

Sincerely,



Jerome H Buster, DO

Family Christian Health Center
31 West 155th Street
Harvey, Illinois 60426
Phone (708) 596-5177
Fax (708) 589-2084