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 MONICA HAMMONS Date 4-6-2017					
School <u>Bryant</u> <u>Position 6 th Grade Teacher</u> ************************************					
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 <u>before</u> 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 5 /3 /2017 Expected return date 5 /30 /2017 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 / MMua Hammens Date 4-7-2017 ************************************					
Principal/Designee Signature Date 3/3/1					
Superintendent Signature Date					
Board Secretary Signature Date 5/3/20/					
inch -85.5					

WOMEN'S HEALTH DEPARTMENT NAVAL MEDICAL CENTER PORTSMOUTH

620 John Paul Jones Circle Portsmouth, VA: 21708-2197

Dear Patient,

HAMMONS, ANGELIQUE PATRICE DAST Matel SEX: F DOB: 8/16/1990 AGE: 26 USN N41 PO2 UNK PATIENT

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Cou were seen and evaluated for	. To furthe	er your treatment and	evaluation, we reco	ommend that
ou complete the items checked below:	 A property of the second second			
☐ Medications:	The pharmacy is on c	leck 2, area G. Open	24/7. If you prefer	to pick up
your medications at a différent A	VIF, please let your provi	der know prior to leav	ring.	
Labs: Deck	1, area J. Open M-F, 063	0-1700 hrs. Please co	mplete within	days.
□ Radiologie Study:de	ck 1, area E. Gall 757-953	-XRAY (9729) to sch	edule. M-F, 0730	1630 hrs.
			$\pm 10^{-1}$	
Antepartum testing:	es per week. Deck 4, area	A. Call /5/-953-4290	s to schedule an ap	pointment.
☐ Consults: You have been referre	ed to			
Please wait 48 hours, and call th	Company of the contract of the	the training of the control of the c	1584) to schedule.	
☐ Please follow up in as scheduled	L If you do not have an ap	pointment call 757-95	3-4300 to schedule	5
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Clinic nume line: 757-053-4240 // Labor	And lelivery mines line	Lawrench la 74 /71075	7.05 12/6/11/706/18	The second of the second

Seeking medical attention: IT IS NEVER WRONG TO COME IN TO BE EVALUATED!

- Non-emergent but urgent symptoms may be able to be evaluated at a scheduled same/next-day acute care. appointment. Please call 757-953-4300 as early as you can to schedule. Non-pregnancy concerns can also be addressed through your PCM. Call the Tricare Booking number at 1-866-MIL-HLTH (1-866-645-4584).
- Vaginal bleeding: light spotting after a cervical exam, speculum exam, or intercourse may be okay. Let us know if you are concerned or bleeding greater then a minipad in an hour.
- If you think your water broke note the time when it happened and any color. If you are not sure it was your water breaking, you can wear a peri pad for I hour while you are moving around (not sitting). If in I hour it is wet, please come to Labor and Delivery to be evaluated. Please continue to wear a peripad when you come in for evaluation.
- Fetal Movement: After 28 weeks of pregnancy (many moms do not consistently feel baby move until then), count the number of times your baby moves once daily at a time when your baby is MOST active. Your goal is 10 movements in that hour. After I hour, you should have felt your baby move. IF not, lie on your side, drink something cold, eat a snack, and keep counting for a total of 2 hours. If you still haven't gotten 10 movements in 2 hours, come to Labor and Delivery for evaluation.
- Contractions:
 - o If you are <34 weeks pregnant and feel contractions, menstrual-like cramps, or abdominal tightening regularly every 10-15 minutes that do not go away with test, drinking at least 3 large cups of water and taking Tylenol 975mg, come in for evaluation (one of the most common causes for this is dehydration, so keep drinking water on your way in for evaluation!).
 - o If you are >34 weeks pregnant and feel contractions that are regular (every 5-7 minutes) for an hour, and have tried drinking at least 3 large cups of water, taking Tylenol and trying a hot shower or bath, please come to labor and delivery for evaluation.

CNM #0900

Please sign that you understand the information presented to you and had an opportunity for all questions to be answered.

Lucinda Brown

Patient:

Medical Staff: