REQUEST FOR FAMILY OR MEDICAL LEAVE

Employee Notification

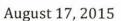
Request for Family or Medical Leave must be made in writing, if practical, at least 30 days

prior to the date the requested leave is to begin.					
Name A	nocla	Baldun	2	Date 9	104/2015
School_B		*****	*****	Position 4	4 brade Figher
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.					
		the buth of my n or foster care		se of the place	ment of a child with me
-	In order to	care for my spe	ouse/child/paren	it who has a se	rious 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 s	oheduled	
Leave to start 8 117 12015 Expected return date 6 103 12016 I would like to use my sick/personal daysI would not like to use my sick/personal daysOriginal request for leaveRequest for extended leave					
Employee Si		ingels t	fallen-	n	Date 9/44/2015
*************************************			EAVE APPRO	<u>VAT</u>	
Principal/Designee Signature/ Paper Date 9-11-15					
Superintend	ent Signatu	re AOD	-CX		Date 9-11-15 Date 9/11/15
Board Secretary Signature					Date
Board Presid	lent Signat	ure			Date

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ANXIETY & STRESS CENTER, P.C.

Specialized care for people & relationships



Re: Angela Baldwin

To Whom It May Concern,

This letter is to provide recommendations for Angela Baldwin. Angela Baldwin has been attending weekly psychotherapy sessions at Anxiety & Stress Center since March 2015. She has been diagnosed with General Anxiety Disorder and Major Depressive Disorder.

These diagnoses do have the potential to impact Ms. Baldwin's ability to work. She has frequent episodes of anxiety which include feelings of panic, increased heart rate, feelings of being overwhelmed, and inability to focus on her current environment. In addition, she also experiences feelings of depression which impact her ability to plan, poor motivation, and episodes of sadness.

At this time, Ms. Baldwin would like to take an extended leave of absence. It is recommended that should Ms. Baldwin continue to work, she should be provided with additional supports, including an in classroom aide to assist her with her students should she become overwhelmed and unable to perform, as well as additional classroom supports, including additional prep time, curriculum resources, and staff support.

If you have any questions, please contact me at 708-349-5433 ext 5, or you may also contact me via e-mail at krosian@anxiety-stresscenter.com.

Thank You,

Karen Rosian, Psy.D.

Licensed Clinical Psychologist

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Anxiety & Stress Center

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www.Anxiety-StressCenter.com