

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 Michelle Piantek Date 11/16/18

School Riley Position Teacher

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 12/17/18 Expected return date 1/17/19

- 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 Michelle A Piantek Date 11/16/18

LEAVE APPROVAL

Principal/Designee Signature [Signature] Date 11/16/18

Superintendent Signature [Signature] Date 12-3-18

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

Sick-43



Women's Healthcare of Illinois

Obstetrics, Gynecology, and Urogynecology

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11/07/2018

Michelle Piantek
6943 Olde Gatehouse Rd
Tinley Park, IL 60477

Patient Name: Piantek, Michelle

DOB: 02/22/1980

To whom it may concern;

The above patient is scheduled for surgery on 12/17/2018. She will need at least 2 weeks off of work for recovery bearing no complications.

Please feel free to contact our office with any further questions regarding this patient.

Sincerely,
Nicole Orwar DO

cc:

Evergreen Park

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Evergreen Park, IL 60805
Phone: (708)425-1907
Fax: (708)469-4315

Mokena

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