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 Ev	MMA	Thomas	Date	9- 8	28-	2011
School B19	200KS	Middle schoo	Position	<i>Cu</i>	stac *****	lian *******
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 10 /2 /17 Expected return date 12 /26 / 17 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 $\frac{1}{2}$ $\frac{1}{$						
<u>LEAVE APPROVAL</u>						
Principal/Designee Signature Date 16/4/17						
	ent Signature _	Illa C. 1 of	udges		Date _	10/4/17
Board Secret	tary Signature				Date _	
Board President Signature					Date _	



September 20, 2017

To Whom It May Concern

Re: Emma L Thomas

1224 E 151th Street Dolton IL 60419

Be advised that Emma L Thomas is a patient of mine and under my care. She has a diagnosis of multiple myeloma for which she had a high-dose chemotherapy followed by stem cell transplant on 7/14/17. She is slowly improving but is still feeling weak. She requires approximately another 12 weeks to be able to go back to work. This is a medical necessity.

If you should require further information, please do not hesitate to contact our office. All our contact info are detailed below.

Sincerely,

Zeina Al-Mansour, M.D.

Assistant Professor

Hematology & Hematopoietic Cell Transplant

Mais

Division of Hematology/Oncology Tel: 708-327-2336 or 708-327-3019

Fax: 708-327-3284