

**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 Phyllis E Rozier Date 10-27-14

School Brooks Position 4th ELA

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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 11 / 06 / 14 Expected return date A-6 weeks 12 / 19 / 14

- 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 Phyllis E Rozier Date 10-27-14

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**LEAVE APPROVAL**

Principal/Designee Signature [Signature] Date 10-28-14

Superintendent Signature [Signature] Date 11-3-14

Board Secretary Signature \_\_\_\_\_ Date \_\_\_\_\_

Board President Signature \_\_\_\_\_ Date \_\_\_\_\_

Sick days - 64.0

ADVOCATE MEDICAL GROUP  
DR. ERIK SWENSON & DR. JAMES O'DONNELL

Phone: 708-364-5700

Fax: 708-745-3120

10745 W. 165<sup>th</sup> Street  
ORLAND PARK, IL 60467

RELEASE FROM WORK

Our patient Phyllis Rozier was seen today  
October 27<sup>th</sup> 2014 and is scheduled for surgery on  
November 6<sup>th</sup> 2014  
with Dr. O'Donnelly.

Surgery will take place at South Suburban Hospital. The patient will need to be off  
work/school for approximately 4-6 weeks.

Any questions please call our office at 708-364-5700.

Thank you.