

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 Abigail Katsibubas Date _____

School Brooks Position Pod C Science 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 5/11/15 Expected return date 9/3/15

- 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 Abigail Katsibubas Date 2/12/15

LEAVE APPROVAL

Principal/Designee Signature [Signature] Date 2-12-15

Superintendent Signature [Signature] Date 2/12/15

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

Sick Days - 80

NICOLE M. GRESS, M.D.
OBSTETRICS & GYNECOLOGY

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HOURS BY APPOINTMENT

DEA #FG1470056

NAME Abigail Katsibubas AGE _____
ADDRESS 201 Fairview Dr
Manhattan, IL 60442 DATE _____
02/23/1982

Rx

Ms. Katsibubas is
pregnant with an
EDC 5/8/05

Refill _____ Times

Label

MAY SUBSTITUTE

MAY NOT SUBSTITUTE

Nen

(signature)