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_	Viver-	BALLAID	Date	9-23-	13				
School	Lowel	1 / C.L.A.S.S.			Worker *******				
	an's certification	dical leave for one or mor and all required informat		-					
		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.								
<u>X</u>		For a serious health condition that makes me unable to perform my job. THIS CONDITION X IS IS NOT WORK RELATED.							
	Requested	intermittent or reduced le	eave scheduled	***************************************	***************************************				
Leave to start 10 115 1 1 3 Expected return date 10 1281 13 X 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									
Emplo	yee Signature		******	Date	Consideration of the contract				
		LEAVE AP	PROVAL						
Principal/Designee Signature Date 9/30 Date 9/30									
•	Secretary Signatu		2		ate				
Board President Signature					Date				

NAME	Viver Balland	DATE 9- 73-13
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