

**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 Valencia Moore Date 1/17/17

School Holmes Position 6th Grade Teacher

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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 1/23/17 Expected return date 2/13/17

- 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 Valencia Moore Date 1/17/17

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**LEAVE APPROVAL**

Principal/Designee Signature Dolyn Strong Date 1/19/2017

Superintendent Signature [Signature] Date 1/27/2017

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

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

Sick Days - 12.5

Imaging Services (MC 931)  
Departmental Administrative Office  
1740 West Taylor Street, Suite 2488  
Chicago, Illinois 60612-7227

To Whom It May Concern:

Please accept this note on behalf of MOORE, VALENCIA  
who had an appointment at the University of Illinois Hospital & Health Sciences  
System on 01/13/2016 at 10:00 AM for an Esophagram

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Sincerely,



SAJI ULAHANNAN RT(R)

312 996 0258, 312 996/568

**Smoking Status**

Never smoker

**Current Vitals**

**Height (centimeters):** 180 cm    **Height (inches):** 71 inch  
**Weight (kilograms):** 139.54 kg    **Weight (pounds):** 307.6 lb  
**Temperature (Celsius):**    **Temperature (Fahrenheit):**  
**Respiratory Rate:**  
**Blood Pressure:** 135 mmHg/80 mmHg  
**Heart Rate:** 73 bpm

**Procedures**

No Procedures Documented

**Medications Administered Today:**

No orders found

**Immunizations**

No Immunizations Documented This Visit

**Laboratory or Other Results This Visit** (last charted value for your 01/06/2017 visit)

No Laboratory or Other Results This Visit

**Home Medication List:**

**Colace 100 mg oral capsule**  
Take 100 mg by mouth twice a day

Carry this medication list at all times. Share the list with your doctor during office visits.  
Update the list when medications are stopped, changed, or added.  
This includes medications you can buy without a prescription and herbal products.

**Future Appointments:**

Date and Time	Location	Appointment Type	Resource	Order
01/13/17 10:00 am	XRAY UIH	XR GI Contrast	H FL 7	FL Esophagus/PA Chest
<p>Nothing to eat or drink after midnight before the exam. For this exam, please go to 1740 W Taylor Street, Diagnostic Services Registration- Room 2600 Please bring your physician order for this exam on the day of your appointment. Call 312-413-4900 to cancel or reschedule your appointment.</p>				
01/13/17	APEC	APEC Surgical	Anesthesia	Anesthesia Clinic -

Name MOORE, VALENCIA  
FIN 81175989-0383